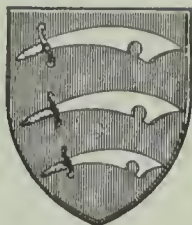


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1971

COUNTY COUNCIL OF ESSEX



REPORT

of the

COUNTY MEDICAL OFFICER OF HEALTH

for the Year

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for the Year

1971

J. A. C. Franklin, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M., D.P.H.

County Medical Officer of Health

85/89 New London Road, Chelmsford

Tel: Chelmsford 53233



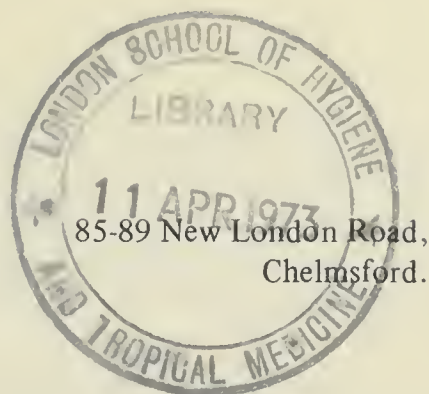
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PREFACE



Telephone: Chelmsford 53233

NOVEMBER 1972

To the Chairman, Aldermen and Councillors of the County Council of Essex

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report for 1971, as required by Department of Health and Social Security Circular 2/72. This is the seventh report which I have prepared and the eighty-second in respect of the administrative county.

During the year under review the Government published their White Paper "National Health Service Reorganisation: England" which was followed by the report on the management arrangements for the reorganised service. The necessary Bill to amend the relevant statutes is to be introduced in the 1972/73 Parliamentary Session and it goes without saying that there is sure to be the usual crop of arguments, counter-arguments and bargaining which inevitably accompany measures and changes such as are proposed. At the time of writing the Local Government Bill is nearing the end of its lengthy process through both Houses of Parliament and it is now virtually certain that the new "Essex" will embrace the areas of the existing administrative county and that administered by the County Borough Council of Southend-on-Sea. It follows therefore that there will be under the national health service reorganisation plans an "Area Health Authority" for the same geographical area and it seems probable that whilst the problems of setting up the new structure will still be formidable they may well be less difficult than in some other parts of the country where there are to be more dramatic changes in boundaries. In the short time remaining between now and April 1974 it is clear there is a need for the services now provided by the local health authorities to expand and improve and for new services to be provided. I have no doubt that, as in the past, Members will give full support and encouragement to the staff in their task in these rapidly changing times.

It will be seen from the content of my report that no major problems were encountered in maintaining the general good health of the people of Essex. The result of the census and subsequent estimates of population show that although the population increase was not as great as in previous years it is still considerable. It is only because the additional number — 18,000 in the

year under review — is dispersed over the whole County that it proves possible to continue to provide adequate services within the resources available. It is perhaps pertinent to point out that if such a number lived in one locality it would be necessary to utilise a greater amount of finance, buildings and staff.

The trend for the stillbirth rate to fall continues and it is noteworthy that the 1971 rate is the lowest recorded. The fall in the live birth rate ceased and there was a rise for the first time since 1964.

The “Mayston” structure for nursing management was approved towards the end of the year and this came into effect on 1st January 1972. As the domiciliary nursing services will be merged under a single management structure in the reorganisation plans, it seems unlikely that it will be possible to assess accurately the relevant advantages and disadvantages of this particular scheme.

An innovation in the field of nursing was the appointment of a district nurse to liaise between the Chelmsford Group of Hospitals and the community nursing services to ensure that the discharge of patients was properly planned and that not only were public services available, but that homes were ready for their return.

Once again there was an increase in the percentage of hospital confinements — 82% compared with 80% for 1970. Only in South-East Essex was the percentage smaller than the previous year and this was only because of local and temporary staffing difficulties in the hospital serving this area.

As anticipated, the Essex Ambulance Training Centre has been formally approved as a Regional Centre and plans are well advanced for the Centre to move to more commodious premises where residential accommodation for students will be available. One section of the centre will be set aside for use as a Health Education Centre, in place of existing, somewhat unsatisfactory premises.

The problems of refuse disposal, particularly the disposal of toxic wastes, are being increasingly recognised and at both national and local level the need for adequate control and for solutions to be found is recognised.

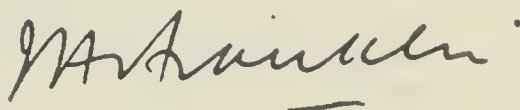
Health Centres, where general practitioners and local health services are accommodated in a single building, are being increasingly favoured and although only three existed at the end of 1971, three more were under construction and three others were in an advanced planning stage.

It is customary in reports of this nature to acknowledge the support, help and encouragement one receives from Members of the County Council,

particularly the Health Committee, and the hard work undertaken by staff at all levels and I do not propose to make an exception on this occasion, but rather to stress the debt owed by the community to them as despite the criticisms levelled at the service and the mistakes which occur (and will continue to occur due invariably to the human factor) it does work extremely well.

I am, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'M. A. ...', with a horizontal line underneath the signature.

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

(as at 31st December 1971)

Chairman — Alderman Mrs. M. R. Davey

Vice-Chairman — Councillor Mrs. I. H. Nelson Parker

County Council Members —

Aldermen —

F. W. Aylmore	J. L. M. Crofton
*Mrs. F. L. Coker	A. Jones, M.B.E., J.P.
*Brig. T. F. J. Collins, C.B.E., D.L.	*G. C. Waterer, B.Sc. W. R. Wright, M.Inst., M.S.M.

Councillors —

D. E. Affleck	Mrs. E. I. V. Morris
Mrs. K. M. C. Bennett	W. P. O'Donoghue
M. J. Cullen	R. W. Payne
J. J. Davidson	C. W. Pell
P. R. Elliott	H. G. Pembroke
R. G. Fairhead	G. A. Pickett
Mrs. L. I. Greenfield	W. C. Redbond
P. J. Harty	Mrs. E. M. Tuck
Group Captain H. P. Johnston, O.B.E.	C. L. Tuckwell
Mrs. J. M. Jones	Brig. J. C. B. Wakeford C.M.G., C.Eng., F.I.C.E., F.I.Mech.E., M.Inst.T.
H. J. Mead	R. A. Wale, F.S.V.A.
D. N. Merrells	

H. Williams

Other Members —

Mrs. C. D. Adams	Dr. S. C. Emerick
Mr. A. C. Alen	Miss E. M. Leggatt
Mr. J. F. Beecher	Mrs. J. M. Smith
Mr. I. T. Brown, C.Ald.	Mrs. D. M. M. Stieber
Mr. J. Costello	Mrs. J. G. Wainwright
Brig. F. S. Eiloart, O.B.E.	Mrs. E. A. Whalley
	Mr. L. B. Wickes

**Ex-officio Member*

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December 1971)

1. CENTRAL OFFICE

County Medical Officer of Health:

J. A. C. Franklin, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M., D.P.H.

Deputy County Medical Officer of Health:

R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer:

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Senior Medical Officer:

*B. Matheson, M.B., Ch.B., D.P.M.

Medical Officers:

*Lilian Bates, M.D. (Paris) D.P.H.

*M. E. York-Moore, M.B., B.S., M.R.C.S., L.R.C.P., D.(Obst.),
R.C.O.G., D.P.M.

Consultant Audiologist:

*A. N. Cammock, B.A., B.H., B.Ch., D.L.O.

Chief Dental Officer:

J. C. Timmis, L.D.S., R.C.S., D.D.P.H.

Director of Nursing Services:

Miss J. F. Carré, S.R.N., S.C.M., Q.N., H.V.Cert.

Principal Nursing Officer:

Miss V. I. Mant, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Stud.

District Nurse Tutor:

†P. Harvey, S.R.N., Q.N.

County Health Inspector:

M. E. Rousell, M.A.P.H.I., M.R.S.H.

Assistant County Health Inspectors:

W. J. M. Hodgkins, M.A.P.H.I., M.R.S.H.

N. D. Gayler, Cert.P.H.I.E.B.

Technical Assistant:

*A. G. Chambers

*Part-time officers

†Part-time post

Sampling Officer:

L.A. Rowlands

County Ambulance Officer:

R. A. Cupit

Assistant County Ambulance Officer:

D. P. Bullough

County Chiropodist:

L. C. G. Borsberry, M.Ch.S., M.R.S.H., S.R.Ch.

County Speech Therapist:

Miss H. C. Smith, L.C.S.T.

County Health Education Officer:

C. E. Williams

Assistant County Health Education Officers:

G. H. White

J. T. Fisher

Dental Health Assistant:

*Mrs. S. Chopping

Senior Technical Assistant:

N. S. Palmer

Technical Assistants:

B. Deakins

C. E. Mansfield

Health Suite Nurses:

Mrs. B. Floyd, S.R.N.

Mrs. D. Sumter, S.R.N.

Statistician:

W. H. Leak, B.A., F.S.S.

Chief Administrative Officer:

E. W. Amos

Principal Administrative Officers:

D. C. Parker

D. P. Flatt, A.R.S.H.

R. W. Kirby, D.M.S., D.M.A.

C. E. Boden, D.M.A.

Administrative and Clerical Staff:

40 Whole-time and 3 Part-time

**Part-time officer*

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service:

Training Officer	1
Deputy Training Officer	1
Area Superintendents	4
Control Supervisor	1
Controllers	5
Assistant Controllers	4
Control Operatives	9
Station Officers	4
Clerk Telephonists	8
Head Drivers	26
Senior Ambulancemen/women	18
Driver Attendants	309
Transport Officers	7

3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P. D.C.H., D.P.H.
Basildon U.D.C.	*P. X. O'Dwyer, M.B., B.Ch., D.P.H.

4. AREA MEDICAL OFFICERS

North-East Essex	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P. D.C.H., D.P.H.
Mid-Essex	*J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	*D. A. Smyth, M.B., B.S., D.P.H., F.R.S.H.
West Essex	*A. Afnan, M.D., D.P.H., D.L.O., L.A.H.
Harlōw	*I. Ash, M.D., D.P.H.
Thurrock	*T. D. Blott, B.Sc., M.B., B.S., D.P.H.

**Part-time Officer*

5. DELEGATED AND DECENTRALISED SERVICES

	Establishment	No. employed (equivalent) whole-time
Administrative and clerical —		
Offices	145.5	141.9
Health Centres	17.5	12.0
Clinics	53.02	48.1
Chiropody —		
Area Chiropodists	7.0	6.0
Chiropodists	34.0	29.4
Dental —		
Area Dental Officers	8.0	8.0
Dental Officers	40.0	36.6
Dental Auxiliaries	8.0	7.3
Dental Surgery Assistants	49.0	44.5
Health Education —		
Area Health Education Officers	4.0	1.5
Medical — Medical Officers	42.62	38.61
Nursing —		
Superintendent Health Visitors and Assistants	11.0	9.0
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses and Assistants	13.0	11.0
Health Visitors, Tuberculosis Visitors	190.0	172.6
Ancillary Nurses	57.7	54.3
Midwives, Home Nurse/Midwives, Home Nurses and District Auxiliaries	355.0	340.4
Nurses (Health Centres)	5.0	3.8
Nursery Nurses and Assistants (Child Development)	8.5	5.9

SECTION I – STATISTICAL

As requested by the Department of Health and Social Security certain vital statistics relating to mothers and infants are given below. The statistics for 1969 and 1970 are also given for comparative purposes:

	1969	1970	1971
Live Births			
Number	20,169	19,731	20,738
Rate (per 1,000 population)	17.5	16.7	17.3
Percentage registered as illegitimate	4.9	5.1	5.1
Stillbirths			
Number	228	211	218
Rate (per 1,000 total births)	11.2	10.6	10.4
Total Births (live and still)	20,397	19,942	20,956
Infant Mortality			
Number of deaths under 1 year	271	297	286
Rate per 1,000 live births (all infants)	13.4	15.1	13.8
Rate per 1,000 live births (legitimate infants)	13.1	14.5	13.7
Rate per 1,000 live births (illegitimate infants)	19.3	26.0	15.2
Neonatal (first four weeks) mortality rate	9.6	10.1	10.6
Early neonatal (first week) mortality rate	7.9	8.8	9.1
Perinatal (stillbirths and first week) mortality rate	19.0	19.3	19.4
Maternal Mortality (including abortion)			
Number of deaths	5	2	0.0
Rate per 1,000 total births	0.25	0.10	0.0

Most of these statistics are commented upon elsewhere in this report. Detailed vital statistics are given in Tables I–IV at the end of the report. In Table I will be found the population and principal vital statistics for Health Areas and County Districts including the two Districts with delegated powers. Details of deaths by cause are given for different age groups in Table II and for County Districts in Table III. Table IV gives the age distribution of deaths in each County District and Health Area. The remainder of this section is devoted largely to a discussion of the figures in these tables.

Population

The 1971 census was taken on the night of 25th/26th April 1971 and the preliminary count gives the population of the Administrative County as 1,191,238. The Registrar General's mid-1971 population estimates are based on the census results and these give 1,196,840 as the population of the Administrative County. This is 18,110 more than the 1970 estimate, a much smaller increase than usual, due no doubt to too high estimates in 1970 and earlier years. Consideration of the figures for country districts shows that

populations had been over-estimated in a number of Urban Districts near London (Brentwood, Chigwell, Harlow and Thurrock) but underestimated in most parts of the North-East Essex Health Area and in some rural districts in other Health Areas. The natural increase in population in 1971 was 9,004 compared with 8,066 in 1970, 8,365 in 1969 and 8,696 in 1968. No estimate can be made of net migration into the County.

Births

The number of live births during 1971 was 20,738 compared with 19,731, 20,169 and 20,246 in the three previous years. The live birth rate was 17.3 compared with 16.7 in 1970 and 17.5 in 1969. This was the first rise in the birth rate since 1964 when it stood at 19.4. The national live birth rate was 16.0 in both 1970 and 1971. The ratio of the local adjusted rate to that for England and Wales was 1.05 compared with 1.01 in 1970 and 1.04 in 1969.

The number of births increased in many districts, particularly in the Urban Districts of Canvey Island, Chigwell, Thurrock and Witham and the Borough of Colchester. There were markedly fewer live births in the Urban District of Harlow.

The number of births registered as illegitimate was 1,060 (8 of which were stillborn). This is 5.1 per cent of the total number of births, the same percentage as in 1970. The Essex rate remained well below the national rate of 8.4 per cent.

There were 218 stillbirths during the year giving a stillbirth rate of 10.4 per 1,000 total births compared with 10.6 in 1970, 11.2 in 1969 and 12.1 in 1968. The 1971 rate is the lowest recorded in the County.

The number of premature births notified was 1,345 (142 of which were stillborn) compared with 1,310 in 1970 and 1,249 in 1969. The percentage of premature to total births was 6.4 per cent compared with 6.6 in 1970 and an average for 1965-69 of 6.1. Reference was made in the 1970 report to the higher percentage of prematures in certain parts of the County. In 1971 the percentage decreased in the Mid-Essex and Thurrock Health Areas but remained above average in Thurrock, Colchester and North-East Essex.

Health Area	Percentage of Births weighing 5½ lbs or less		
	1965-69	1970	1971
Thurrock	6.9	8.1	6.9
Colchester	7.7	7.1	7.5
North-East Essex	5.7	7.0	7.4
Remainder of County	5.9	6.2	6.1

Perinatal Mortality

The perinatal mortality rate was 19.4, slightly higher than the rates for 1969 and 1970 but lower than for all previous years as may be seen from the following figures:

1964	1965	1966	1967	1968	1969	1970	1971
25.7	22.9	21.9	23.3	20.6	19.0	19.3	19.4

No Health Area had a rate of over 22 per 1,000 births.

The perinatal mortality rates of infants of different birth weights in the last five years were as follows:

	2lb.3oz. or less	2lb.4oz- 3lb.4oz.	3lb.5oz- 4lb.6oz.	4lb.7oz- 4lb.15oz.	5lb. - 5lb.8oz.	over 5lb.8oz.	All Weights
1967	880	628	315	149	71	9	23
1968	846	645	287	108	59	9	21
1969	782	639	264	69	50	9	19
1970	727	683	203	78	47	9	19
1971	846	548	255	75	68	8	19

Infant Mortality

There were 286 deaths of infants under one year of age giving an infant mortality rate of 13.8 compared with 15.1 in 1970, 13.4 in 1969 and 14.6 in 1968. In the following table, infant mortality is divided into mortality in the first week of life and later in the first year:-

	1964	1965	1966	1967	1968	1969	1970	1971
Early neonatal (first week) mortality rate	10.1	9.9	9.6	10.1	8.6	7.9	8.8	9.1
Infant mortality rate after the first week	6.3	7.2	5.5	6.7	6.0	5.5	6.3	4.7
Total infant mortality rate	16.4	17.1	15.1	16.8	14.6	13.4	15.1	13.8

The early neonatal mortality rate rose to the highest figure since 1967 but infant mortality after the first week was at a record low level.

Mortality of Children

The following table sets out the number of deaths of children aged 1 to 4 years and 5 to 14 years since 1964:-

Age	1964	1965	1966	1967	1968	1969	1970	1971
1-4	60	68	55	52	54	64	66	53
5-14	61	57	57	56	59	57	75	56

The death rate of children between 1 and 5 was 0.62 per 1,000 children compared with 0.74 in 1970 and for children of 5 and over was 0.30 compared with 0.39 in 1970 and 0.31 in 1969.

Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 11,734 giving a crude death rate of 9.8 compared with 9.9 in 1970, 10.3 in 1969 and 10.2 in 1968. When allowance is made for the different sex and age distribution of the local population compared with England and Wales, the death rate in Essex was 15 per cent below that for the country as a whole, the same percentage as in 1970.

The number of deaths in the last five years is given by age and sex at the foot of Table IV. Male deaths increased at most adult ages, more especially between 15 and 25 and between 65 and 75. The number of female deaths remained steady at most ages although there was an increase among women between 45 and 55. The death rate remained at about the same level as 1970 in most Health Areas although decreases occurred in Colchester, North-East Essex and South-East Essex but in Thurrock the number of adult male deaths increased by 23 per cent.

Tuberculosis Deaths

Deaths from tuberculosis numbered 19 compared with 18 in 1970 and 25 in 1969. Tuberculosis of the respiratory system was responsible for 10 deaths and late effects of respiratory tuberculosis for 5. None of the deaths occurred before the age of 55.

Cancer Deaths

The number of deaths from cancer of the more important sites in the last five years is set out below.

	Males					Females				
	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971
Buccal cavity and pharynx	18	17	18	30	16	8	9	10	14	11
Oesophagus	41	38	19	40	47	19	19	20	22	42
Stomach	131	132	159	145	162	94	115	110	85	105
Intestines	121	148	162	157	167	195	192	171	167	202
Larynx	12	8	11	13	20	-	3	2	3	2
Lung and bronchus	490	465	515	523	544	97	114	104	136	128
Breast	2	3	2	2	1	237	232	243	231	271
Uterus	-	-	-	-	-	61	75	72	66	71
Prostate	82	99	99	81	89	-	-	-	-	-
Leukaemia	36	40	51	35	39	26	24	32	30	34
Other sites	268	287	313	329	298	308	300	330	361	325
All sites	1201	1237	1349	1355	1383	1045	1083	1094	1115	1191

The total number of deaths from cancer was 2,574 giving a cancer death rate of 2.15 per 1,000 population compared with 2.10, 2.12 and 2.05 in the previous three years. The number of deaths from several sites increased of which perhaps the most notable were the oesophagus, intestines, larynx and breast. The age distribution of cancer deaths in the last seven years is as follows:-

	Males						Females					
	0—	25—	45—	55—	65—	75—	0—	25—	45—	55—	65—	75—
1965	26	39	135	287	268	313	12	68	101	198	243	297
1966	26	51	132	294	419	302	14	54	118	191	265	304
1967	18	50	119	302	421	291	15	56	136	207	299	332
1968	18	47	115	303	429	325	10	40	117	235	323	358
1969	20	49	119	363	366	332	11	72	111	252	306	342
1970	19	50	103	327	501	355	20	66	145	239	326	319
1971	17	59	118	321	495	373	11	51	163	258	318	390

Most of the increase in the number of deaths from cancer occurred amongst men and women over 75 years of age but the number of deaths was above average also for men between 25 and 45 and women between 45 and 55. Cancer of the breast was the most important site in the last named increase with 56 deaths compared with an average for 1968-70 of 40.

Deaths from Diseases of the Circulatory System

The following table shows the number of deaths in the last four years:-

	Males				Females			
	1968	1969	1970	1971	1968	1969	1970	1971
Chronic rheumatic heart disease	35	38	47	57	85	108	84	63
Hypertensive disease	66	74	79	86	113	116	101	78
Ischaemic heart disease	1626	1609	1630	1721	1154	1192	1047	1164
Other forms of heart disease	253	218	207	204	349	285	304	329
Cerebro-vascular disease	636	715	659	673	998	1029	1019	1025
Other diseases of circulatory system	199	229	224	258	220	265	276	260
Total	2815	2883	2846	2999	2919	2995	2831	2919

Total deaths in this group, which is responsible each year for about half of the overall mortality, numbered 5,918 giving a death rate per 1,000 population of 4.94 compared with 4.82 in 1970, 5.12 in 1969 and 5.07 in 1968. Deaths from chronic rheumatic and hypertensive heart disease increased for males and decreased for females. There was an increase in deaths of men between 55 and 75 from ischaemic heart disease as indicated by the following figures:-

Year	Males					Females				
	0–	45–	55–	65–	75–	0–	45–	55–	65–	75–
1968	39	142	342	547	556	9	19	79	303	744
1969	41	145	372	537	514	5	20	108	317	742
1970	44	163	345	534	544	3	24	91	283	646
1971	43	161	391	602	524	7	28	92	306	731

The number of deaths from pneumonia was below average for recent years at all ages. Only 17 infants died from pneumonia, an infant mortality rate from the disease of 0.8 compared with 1.5 in each of the last three years. Deaths from bronchitis were average for women and for men over 75 but below average for men between 45 and 75 years of age.

Maternal Deaths

1971 was the first year in which no deaths were attributed to complications of pregnancy, childbirth and the puerperium including abortion. The national maternal mortality rate was 0.17.

Deaths from Diseases of the Respiratory System

There were 32 deaths from asthma in 1971 compared with 34, 31 and 30 in the three previous years. Details of deaths from other respiratory diseases in the last seven years are set out below:-

	1965	1966	1967	1968	1969	1970	1971
Influenza	52	43	11	199	125	153	14
Pneumonia	772	735	727	919	906	956	797
Bronchitis	464	539	496	505	540	466	466
Other respiratory disease	92	100	75	141	112	129	121
Total	1380	1417	1309	1764	1683	1704	1398

There were very few deaths from influenza and the number of deaths from both pneumonia and bronchitis was below average. The following table gives the age distribution of the deaths from pneumonia and bronchitis.

Cause	Year	Males					Females				
		0—	45—	65—	75—	Total	0—	45—	65—	75—	Total
Pneu- monia	1965	43	33	72	218	366	33	22	64	287	406
	1966	29	26	60	184	299	16	22	72	326	436
	1967	46	22	50	206	324	29	18	64	292	403
	1968	32	40	75	259	406	27	21	71	394	513
	1969	32	45	88	283	448	19	29	62	348	458
	1970	24	38	102	256	420	27	30	86	393	536
	1971	20	29	85	235	369	13	26	63	326	428
Bron- chitis	1965	11	55	131	149	346	5	20	28	65	118
	1966	14	87	148	138	387	6	13	50	83	152
	1967	7	80	138	153	378	8	14	38	58	118
	1968	1	65	184	158	408	3	16	27	51	97
	1969	2	82	166	171	421	4	20	40	55	119
	1970	2	69	136	158	365	5	16	31	49	101
	1971	4	64	117	163	348	1	19	37	61	118

Accidental Deaths and Suicide

The number of deaths from accidents and suicide in the last eight years is as follows:-

	1964	1965	1966	1967	1968	1969	1970	1971
Motor vehicle accidents	128	141	148	137	136	145	167	150
Other accidents	209	158	148	157	183	215	251	201
Suicide	109	98	79	101	91	70	84	93

Following the very high mortality in 1970, accidental deaths in 1971 returned to more normal figures but 150 residents of the County died as a result of motor vehicle accidents of whom 39 were young men between 15 and 25. Male suicides numbered 52 compared with an average of 48 in 1966-70 and female suicides 41 compared with an average of 37.

Morbidity

The number of new claims for sickness benefit received in the 52 weeks ended 28th December 1971 at local offices of the Department of Health and Social Security in the Administrative county was 136,681. The Rayleigh office of the Department was closed during 1970 and the work transferred to Southend and for a valid comparison with past years the estimated number of claims so transferred needs to be added. The figure of 149,230 so obtained is used in the following comparison:-

	1966	1967	1968	1969	1970	1971
Number of claims	154,124	154,739	176,763	192,553	179,350	149,230
Claims per 1,000 population	143	140	156	167	152	125

The number of claims in 1969 and 1970 was inflated as a result of the influenza outbreak in December 1969 and January 1970 but it will be seen that in 1971 fewer claims were also made than in any of the years 1966 to 1968. This suggests that sickness among insured persons was at a low level in 1971 but it is possible that an unknown part of the decrease may be due to other factors. The number of employed persons may have been less than in earlier years because of unemployment and those in insecure jobs may have been unwilling to take sick leave except for serious illness.

SECTION II – GENERAL

STAFF

Combined Medical Service

For the first time in many years there was no change in the members of staff of the combined medical service.

Dental Staff

The vacant post of County Orthodontist was filled during the year by the appointment of Mr. H. Levison, who will take up his duties in April 1972.

Health Visiting, Midwifery and Nursing Staff

The newly-created post of Principal Nursing Officer on the staff of the central office of the Department, mentioned in my last report, was filled on 1st February 1971 by the appointment of Miss V. I. Mant, formerly Superintendent Health Visitor in the South-East Essex Health Area.

As part of a scheme to provide liaison between hospitals and the local health authority in order to improve and maintain the continuity of patient care between home and hospital, arrangements were made for a district nurse in each of the Mid-Essex and South-East Essex Health Areas to be appointed as District Nurse Liaison Officers, working within the confines of the hospitals and responsible for giving/receiving first hand information to/from the district nurses when patients are admitted to/discharged from hospital.

Plans for the implementation of a revised nursing management structure, in accordance with the recommendations of the Mayston Report and as agreed with the Department of Health and Social Security, were formulated during the year. The new structure is based on three main levels – top management, middle management and first line management, and will come into effect on 1st January 1972. The speed with which the new structure can be implemented will depend particularly on the extent to which finance can be made available and the need to consider the position of staff occupying posts which will no longer be required. In some Health Areas/County Districts, where supervisory staff are reaching retiring age, it will be opportune to make changes in the structure as and when staff leave the service. In other Areas/Districts current vacancies, or the existing post structure, will enable the plan to be implemented more quickly. The implementation of the new structure will therefore be phased as opportunities arise and as financial provision permits.

16 of the 17 candidates who had been sponsored by the County Council for a year's course of health visitor training were successful in obtaining the Certificate of the Council for the Training of Health Visitors. 17 students were recruited during the year for sponsorship on the 1971/72 health visitor training course.

Transport for Staff

At the end of the year 787 officers, mainly health visitors, midwives and nurses, whose duties require them to undertake a considerable amount of travelling, were using motor cars in connection with their official duties. Of these, 616 were using their own vehicles and the remainder were using vehicles provided by the Council.

37 officers were granted loans under the County Council's Assisted Car Purchase Scheme to enable them to purchase cars for use in connection with their duties.

Refresher and Other Courses

Details are set out in Table VI of staff who attended refresher and other courses of study during the year.

Ambulance Service – Staff

Mr. J. R. Peacham, who since July 1948 had been an officer in the County Ambulance Service and Assistant County Ambulance Officer for the past 11 years, retired on 11th November 1971 and was succeeded by Mr. D. P. Bullough.

Ambulance Service – Training

Confirmation was received during the year from the Department of Health and Social Security that the Essex Ambulance Training Centre had been approved as a Regional Centre to meet the training needs of neighbouring ambulance authorities, mainly in East Anglia. As the facilities available at the present Centre are not entirely satisfactory, having no residential accommodation, negotiations were proceeding at the end of the year with a view to hiring a former isolation hospital in Chelmsford for use as a residential training centre.

Four six-week courses for new entrants to the service and five two-week courses for staff having between 2 and 5 years service were held during the year. 151 students attended these courses, of whom 70 were from other authorities. Other short special courses for ambulance staff were also held and, as in previous years, the staff of the Training Centre, assisted by other officers of the ambulance service, gave talks and demonstrations on ambulance matters to outside bodies.

An additional post of Ambulance Instructor was created during the year and the establishment of staff of the Centre now comprises:-

- 1 Training Officer
- 1 Deputy Training Officer
- 1 Instructor

Transfer of Staff to the Social Services and Education Departments

371.1 equivalent whole-time posts, plus posts of home help, night attendant and neighbourly help for which there was no fixed establishments, were transferred to the new Social Services Department during the year as a result of the provisions of the Local Authority Social Services Act, 1970, under which certain functions previously undertaken by the Health Committee were made the responsibility of the Social Services Committee.

The transfer to the Education Committee of the responsibility for the administration of junior training centres, in accordance with the provisions of the Education (Handicapped Children) Act, 1970, resulted in the transfer of the equivalent of 119.5 whole-time posts to the Education Committee.

Following the transfer of these functions it was found possible to declare redundant 9 administrative and clerical posts.

OVERSEAS VISITORS

In September 1971 Mrs. Christina Thakhisi, a public health nurse in control of 15 staff in an area of Lesotho spent 5 days observing the work of the domiciliary nursing services in Essex, and Mrs. Hanna Hanser, a Regional Nursing Supervisor from Tel Aviv, Israel, was with the Department for 4 days to learn of the nursing work carried out by the Department.

LABORATORY SERVICE

The number of samples submitted by the County Council and other local authorities within the County to Public Health Laboratories were as follows:-

Milk	3,684
Milk containers (bottles, churns, etc.)	777
Milk tankers and dairy plant (swabbing)	106
Ice Cream and Ice Lollies	1,224
Water	1,239
Shellfish	59
Other food	1,713
Urine, Faeces and Swabs	72

Laboratories for bacteriological examination are situated at Chelmsford, Cambridge, Southend-on-Sea and Ipswich. Samples for chemical analysis are dispatched to the Counties Public Health Laboratories in London.

WATER SUPPLIES

The rainfall in Essex in 1971 – 20.56 inches – was slightly below the annual average. The average daily water consumption for the County reached 341,000 cu.m. (74.8 m.g.). Domestic consumption averaged 158 litres (35 gallons) per head per day.

Essex, a county of a low rainfall and limited natural resources, is subject to a continuing growth of population and industry but nevertheless the water undertakings experienced no difficulties in maintaining supplies. This satisfactory situation stemmed from the vigilance and efforts over many years of the Government Departments concerned, the County Council and, far from least, the water undertakings themselves.

The Essex River Authority, when it was created in 1965 and assumed its key position in the realm of water supplies, lost no time in assessing the situation. Local water resources, both underground and surface, were utilised almost to the limit and the prospects of a drought could only be viewed with apprehension. Water was already being imported, principally from the Thames, but the prospects of increased quantities were not encouraging and it became evident that supplies must be sought from elsewhere outside the County. The catchment area of the Ely-Ouse offered the most attractive proposition and it was thus that the Ely-Ouse scheme was devised.

Stage I of this scheme, which was undertaken by the Essex River Authority at a cost of £9 million, enables water to be transferred from the Ely-Ouse via a system of cut-off channels, tunnel, pipeline, and existing watercourses into the head waters of the Stour. Part of the available water passes downstream from there, via the existing intake, to the Abberton reservoir. The remainder is abstracted from the river at Wixoe where pumps lift it into the River Pant, thence into the Blackwater and the waterworks intake at Langford where it is either treated for supply or pumped to the Hanningfield reservoir. The combined yield of these two reservoirs of the Essex Water Company can in consequence be increased by 24 million gallons per day. The water will have travelled some 90 miles in its journey from the Ely-Ouse.

This scheme – the first to be constructed by the River Authority - was officially opened by Her Majesty the Queen on 28th April 1971.

Associated with this scheme are works on behalf of the Essex Water Company, including the construction of an additional treatment works at Layer-de-la-Haye, the triplication of the Stour trunk main and also an extension of the Hanningfield Treatment Works. The Langford Works constructed by the Southend Water Company prior to amalgamation added a 50% increase in capacity in anticipation of the Ely-Ouse scheme.

Construction of the Cattawade Barrage on the River Stour by the Essex River Authority was completed towards the end of the year while works including the necessary intake, pumping station and pipeline, being

undertaken by the Essex Water Company, were nearing completion. The scheme will make further supplies available to the water undertaking.

Work on the Great Ouse Water Authority scheme, in which the Lee Valley Water Company are involved was in the final stages. Water from the Grafham works of the Authority has been flowing into the Company's distribution system since 1969 and in use in Hatfield, Potters Bar and surrounding areas. Early in 1971 the laying of a 27" diameter main from Bulls Green to Sacombe together with the building of a 6.9 million gallon reservoir at Rye Hill were completed and water became available to meet demands in the Harlow and Epping zones where the supply position had tended to be critical during the previous summer.

The Great Ouse Water Order 1971 which took effect on 30th December 1971 will result in available water from Grafham Water being increased from the previous maximum of 6 m.g.d. to 17 m.g.d.

The Company is also, in conjunction with two other water undertakings, ensuring supplies from the Thames. The scheme concerned, which is the subject of the Three Valleys Water Order, was commenced early in 1971 and good progress has been made. Although water from the scheme will be available to the Colne Valley Water Company and the Rickmansworth and Uxbridge Valley Water Company by the summer of 1974 it will be several years before the Lee Valley Water Company will take any of its share.

In the north-east of the County the Ardleigh Reservoir Scheme is of note. This was undertaken jointly by the Tendring Hundred Waterworks Company and the Colchester Water Board, was completed and fitted in 1970, and was inaugurated by Her Majesty's Lord Lieutenant for Essex on 15th September 1971. Fed from the River Colne it has a capacity of 520 million gallons. With this scheme and the Company's existing resources, which include three boreholes in Suffolk, the company are satisfied that their needs are taken care of well into the next decade. When the need does arise it will be to the new Regional Water Authority that the Company will look for further supplies, probably from Stage II of the Ely-Ouse scheme.

The year 1974 presages to be one of great change in local government generally. Proposals for the reorganisation of water and sewerage services for England and Wales on the basis of not more than ten all-purpose regional water authorities are set out in the Department of the Environment Circular 92/71 issued on 2nd December 1971. The areas of such authorities are determined by those of natural watersheds and therefore, differ from those of local government authorities. In the case of Essex the effect is that the main part will be in regional area 5 which comprises five River Authority areas including that of the Essex River Authority, less that area north of Canvey Island (the Roding and Ingatestone group of catchments) draining to the River Thames. The latter together with the relevant part of the County will thus be in Regional Water Authority No. 6 which embraces principally the river authority areas of the Lee and the Thames.

It is envisaged that the regional water authorities will be responsible for water conservation, water supply, treatment and disposal of collected sewage, discharges to the sea and pollution prevention within the territorial waters.

Statutory water companies are expected to continue broadly on the present lines. Water undertakings serving parts of the administrative county of Essex numbered no less than 28 in the 1920's although at that time considerable areas of mid and north Essex were devoid of main supplies. Gradually in recent years the number has been reduced in accordance with the Government's policy of re-grouping. The last changes of this kind took place in 1971 under the Essex Water Orders 1970 and 1971 when the water undertakings of the Boroughs of Chelmsford and Maldon, the Urban Districts of Burnham-on-Crouch and Witham and the Rural Districts of Chelmsford and Maldon were transferred to the Essex Water Company thus reducing the number of water undertakings to five including the Metropolitan Water Board.

It is estimated that water obtained from Stage I of the Ely-Ouse scheme will suffice until the late 1970's or early 1980's. Stage II of the scheme is dependent on the pilot scheme being undertaken by the Great Ouse River Authority to investigate the optimum development of ground water resources in the Great Ouse Basin. Pumping tests during 1970 confirmed that in the pilot area it is feasible to pump groundwater from the chalk into the river system to increase flow during dry periods. The 1971 pumping programme was concerned primarily with examining the problems associated with regulating river flow at a constant prescribed rate by using groundwater stored in the chalk.

Site investigations carried out by the Essex River Authority for a reservoir at Great Bradley confirm that the site is technically suitable but more attractive alternatives are being looked into and if they materialise this scheme will not be needed.

The Essex River Authority has also been examining the possibilities of meeting industrial demands on Thameside by the re-use of sewage effluent from the Dagenham sewage disposal works as an alternative to the over-exploited chalk aquifer.

Looking further ahead it is noted from the annual Report of the Water Resources Board that in March the Secretary of State for the Environment authorised the Board to proceed with two major projects affecting this populous part of the country, namely the full feasibility study of freshwater storage in the Wash and the experimental desalination plant at Ipswich, using the secondary refrigerant freezing process and that work on both projects was well under way by September. However, desalination, of which there are various forms, presents many problems for solution, of which high cost is one and it is not surprising to learn that the Ipswich project was subsequently abandoned.

RURAL WATER SUPPLIES AND SEWERAGE

Approved schemes of water supply and sewerage attract grant from the County Council equivalent to that made by the Department of the Environment. The total of such grants made to County District Councils and Public Boards for the financial year ended 31st March 1971 amounted to £185,956.

During the year the following schemes were submitted for the County Council's observations for use by the authorities concerned in making application to the Department:-

Water Supplies

District or Authority	Scheme	Estimated Cost
Colchester & District Water Board	Extension of Sible Hedingham (Rippers) Water Scheme	£3,765
Colchester & District Water Board	Water Main Extensions, Daisy Green, Eight Ash Green	£1,846
Colchester & District Water Board	Water Main Extension, Lamberts Lane, Great Tey.	£2,127
Colchester & District Water Board	Water Main Extension, London Road, Hatfield Peverel.	£758
Frinton & Walton U.D.	Water Main Extension, Park Lane, Great Holland.	£800
Tendring R.D.	Water Main Extension, Bentley Road and Wenlock Road, Weeley Heath	£1,250

Sewerage

Chelmsford R.D.	South Hanningfield Sewerage Scheme	£150,000
Dunmow R.D.	Lower Chelmer Valley Sewerage and Sewage Purification Scheme Phase III.	£60,000
Epping & Ongar R.D.	Sewer Extension – Tatsfield Avenue, Nazeing	£4,500
Epping & Ongar R.D.	Sewerage Scheme, Broadley Common, Roydon.	£137,500
Epping & Ongar R.D.	Sewerage Scheme, Dunmow Road, Fyfield.	£6,200
Lexden & Winstree R.D.	Provision of sewer at Nayland Road, West Bergholt	£10,415

Maldon R.D.	Althorne, Mayland and Maylandsea Sewerage & Sewage Disposal Scheme	£16,000
Maldon R.D.	North Fambridge Sewerage Scheme	£76,400
Maldon R.D.	Proposed Sewer Extension, Broad Street Green Road, Great Totham	£14,050
Rochford R.D.	Mill Lane, Stambridge, Sewerage Scheme	£30,140
Saffron Walden R.D.	Sewer Extension to Pollards Cross (Hempstead & Great Sampford Sewerage Scheme, Hempstead, Great Sampford & Radwinter Sewerage Scheme)	£4,400
Tendring R.D.	Dedham Heath Sewerage Scheme (Extension)	£1,000
Waltham Holy Cross U.D.	High Beech Sewerage Scheme	£15,000 £27,000 £16,500

In certain circumstances under the Rural Water Supplies and Sewerage Acts, 1944-1965 schemes in urban areas may be considered for grant and this accounts for the inclusion of the last-mentioned scheme.

It will be noted that all water schemes concern extensions of existing mains. This is the usual pattern today with very little of the County remaining that is not covered by a network of public mains.

During 1971 sewerage schemes at Wicken Bonhunt (Saffron Walden R.D.C.), Great Bromley and Frating (Tendring R.D.C.) and at Boreham End, Hatfield Peverel (Braintree R.D.C.) were completed. No less than 22 others were in progress including the under-mentioned:-

Chelmsford R.D.	Stock and Highwood
Braintree R.D.	Great Saling
Epping & Ongar R.D.	North Weald — Hastingwood and Broadley Common
Halstead R.D.	Steeple Bumpstead, Helions Bumpstead and Sturmer
Lexden & Winstree R.D.	Dedham Heath
Rochford R.D.	Hullbridge
Saffron Walden R.D.	Hadstock
Tendring R.D.	Northern and Western areas

The greatest activity in this sphere of local government took place in the areas of the Chelmsford and Epping & Ongar Rural Districts. Both these authorities together with the Saffron Walden and the Lexden & Winstree

Rural District Councils have full programmes for 1972. Each of the other Rural District Councils have schemes anticipated to commence in 1972 and varying numbers of schemes phased thereafter. Several have schemes phased for the years 1974 to 1976 but it is now known that sewerage is a local government function destined to be taken over by the proposed all-purpose regional water authorities in 1974.

Existing sewage treatment works need to be remodelled or enlarged from time to time. Eight works featured in the Rural Districts' programmes for 1971 and 1972 respectively, being either under construction or in process of enlargement or improvement are as follows:-

- 1971 — White Notley, Stanford Rivers, Theydon Bois, Earls Colne, Lawford, Alresford, Stambridge, Tollesbury.
- 1972 — Woodham Ferrers, Ingatestone, Great Easton, Pleshey, Little Leighs, Stanford Rivers, Copford, Eight Ash Green, Sible Hedingham (sludge press plant), Stansted, Arkesden, Newport.

Restriction on Development due to Sewerage difficulties

In the following areas all planning permissions require the concurrence of the County Planning Committee:-

Area	District/Parish
North-East	Mistley
	Manningtree
	Lawford
	Bradfield
	Parkeston
	Ardleigh
	Thorrington
	Elmstead
	Alresford
	Gt. Bentley
West	Widdington
	Clavering
	Henham
	Elsenham
	Stansted Mountfitchet
	Dunmow (all drainage to Lower Chelmer Works)
Mid	Kelvedon
	Coggeshall

Thameside

Rochford Rural District
(on part draining to Gt.
Stambridge Works plus
that development via
Watery Lane Pumping Station)

Rayleigh Urban District
(development drainage via
Watery Lane Pumping Station –
by agreement with the
District Council)

Large scale development in Little Clacton, Thorpe-le-Soken and Wivenhoe requires the concurrence of the County Planning Committee.

In Mid-Essex planning permissions are normally refused owing to sewerage difficulties in the under-mentioned localities:-

Ramsden Heath
Tollesbury
Wickham Bishops
Gt. Totham
Gt. and Lt. Braxted
Maldon
Southminster

MILK AND DAIRIES

Milk samples were taken at pasteurising and sterilising dairies licensed by the County Council and were submitted to phosphatase, methylene blue and turbidity tests. 210 samples of pasteurised milk and 53 samples of sterilised milk were taken of which three pasteurised samples failed the phosphatase test. The quantity of milk pasteurised and sterilised at the six dairies from which the samples were obtained averages about 40,000 gallons per day.

Cleanliness of Dairy Plant and Equipment

The efficiency of cleansing routines was examined, as follows:-

- (a) Swabbing of dairy plants for bacteriological examination –
47 examinations were made
2 of these were only fairly satisfactory and 2 unsatisfactory. The remainder were satisfactory.
- (b) Milk bottles –
152 were examined to check bacteriological standards following washing in the dairies' mechanical washers. Of these, 4 were unsatisfactory and one only fairly satisfactory. The others were satisfactory.

(c) Churns —

235 were examined following washing at the dairies.
17 were found to be unsatisfactory and 24 only fairly satisfactory. 194 were satisfactory.

(d) Road tankers —

59 were examined after cleaning of the interior surfaces and ancillary valves and pipelines.
15 of these were found not to be entirely satisfactory.

In all cases ((a) to (d) above) the reasons for unsatisfactory results were investigated.

Sampling in the Course of Distribution

No. of Samples	Grade	Appropriate Test	Passed	Failed	Void
1296 (1542)	Pasteurised	Methylene Blue	1185 (1408)	80 (98)	31 (36)
		Phosphatase	1296 (1540)	- (2)	- (-)
147 (140)	Untreated	Methylene Blue	132 (107)	8 (27)	7 (6)
101 (79)	Sterilised	Turbidity	101 (79)	- (-)	- (-)
188 (169)	Ultra Heat-Treated	Colony Count	188 (168)	- (1)	- (-)

1970 figures in parentheses

Milk & Dairies Regulations and Milk (Special Designation) Regulations 1963 (as amended)

The total number of licences in force at the end of the year was 507. During 1971 — 116 Dealer's (Pre-packed) Milk licences were issued by the County Council. One new Dealer's (Pasteuriser's) licence was issued.

Brucellosis and Tuberculosis

There are nearly 500 milk producers in Essex and of these approximately 300 are in voluntary brucellosis eradication schemes operated by the Ministry of Agriculture, Fisheries and Food and are subject to testing. A compulsory eradication scheme will eventually operate within the County, but it is thought this is unlikely to be before 1st April 1974, by which time the level of infection should be very low.

A total of 261 samples of untreated milk were examined for the presence of brucella abortus. 255 of these samples gave negative results. The remaining 6 samples proved positive, 4 of these being taken from farms which have ceased retailing untreated milk.

The Medical Officers of Health for the districts concerned and the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food were notified of the positive results.

24 samples of untreated milk were examined for the presence of tubercle bacilli. All results were negative.

Antibiotics in Milk

Tests for the presence of antibiotics in milk continued on a reduced scale. A total of 237 samples was submitted for examination, all of which proved negative.

Milk in Schools Scheme and Sampling from Residential Establishments and Special Schools etc.

Total Samples	410
Satisfactory	392
Unsatisfactory	16
Void	2

Ice-Cream and Ice-Lollies

1,224 samples were submitted for bacteriological examination with the following results:-

Ice Cream		Ice Lollies	
* Grade I =	915 samples	48	Satisfactory
Grade II =	118 samples	1	Unsatisfactory
Grade III =	79 samples		
Grade IV =	63 samples		
Total	1,175	Total	49

Time taken to reduce methylene blue

* Grade	
I	Fails to reduce in 4 hours
II	Fails to reduce in 2½-4 hours
III	Fails to reduce in ½-2 hours
IV	Fails to reduce in 0 hours

REFUSE DISPOSAL

All privately-owned tips in the County and those used by local authorities outside their own boundaries are controlled by Section 46 of the Essex County Council (Canvey Island Approaches, etc.) Act, 1967. This Section requires consents to be obtained from the County Council and from the District Council before refuse tipping is started and allows conditions to be imposed to maintain reasonable public health control. Five new consents involving a total area of 104 acres were issued in 1971. During the year a total of 417 inspections of refuse tips was made.

Essex receives approximately 800,000 tons of solid refuse annually from the Greater London Council area and, in addition, the total amount of chemical and toxic wastes disposed of in the County by tipping is in the region of 12 million gallons. These latter wastes come from Hertfordshire, London and from further afield, and are extremely varied in their composition. Whilst a close control over their disposal has been maintained, it is now generally recognised that a full study of existing and possible future disposal methods should be undertaken, together with investigations of pre-treatment of wastes and reclamation of materials.

Most of the other refuse tips in the County, mainly those operated by District Councils, must comply with requirements listed in planning permissions. It is a sad duty to report that conditions at two local authority tips were most unsatisfactory, although improvements were later effected following pressure on the authorities concerned.

The future of refuse disposal, both with regard to the authorities to undertake the work and the methods to be used, has been the subject of many reports and discussions. It is clear that controlled tipping sites will reduce in number in the future, largely due to public pressures, but it is equally clear that suitable land reclamation schemes should continue to operate. Attempts by various District Councils to provide more sophisticated methods of treatment and disposal (i.e. incineration and pulverisation) have not yet materialised, and all refuse produced in the County is disposed of in its crude form.

Waste Disposal Panels comprising representatives of District Councils and the County Council have been formed to give factual information and guidance to future refuse disposal authorities.

RURAL HOUSING

During the year rural district councils continued to encourage the improvement of dwellings by way of grant and their efforts can be deduced from the following table which includes, in brackets, comparative figures for 1970.

Rural District	No. of Dwellings		Grants Paid £	
Braintree	46	(19)	19,116	(8,561)
Chelmsford	124	(69)	63,650	(26,887)
Dunmow	59	(54)	39,008	(17,274)
Epping & Ongar	96	(61)	27,881	(17,964)
Halstead	20	(18)	11,306	(7,169)
Lexden & Winstree	92	(66)	34,271	(16,443)
Maldon	77	(45)	28,478	(19,609)
Rochford	52	(33)	17,695	(8,061)
Saffron Walden	98	(101)	47,034	(24,891)
Tendring	87	(71)	24,590	(17,644)

It is to be noted that the number of dwellings benefitting from grant has increased over the total for 1970. This accords with the general picture for England and Wales as ascertained by the Department of the Environment. The total amount of grant paid has also increased in which no doubt the more generous financial assistance made available under the Housing Act 1969 and increased building costs are reflected.

While the majority of owners continue to effect repairs of their own accord cases still arise in which, failing persuasion, it is necessary for a local authority to invoke the relevant powers given them under the Housing or Public Health Acts. For those dwellings incapable of being rendered fit at reasonable expense formal closure or demolition under the Housing Act, 1957 is the last resort. The rural authorities' progress in these aspects of housing is given in the following table:-

Rural District Council	Houses made fit and houses in which defects were remedied	Houses Closed	Houses Demolished
Braintree	53	5	15
Chelmsford	63	-	12
Dunmow	20	1	4
Epping & Ongar	72	6	1
Halstead	120	3	11
Lexden & Winstree	26	10	19
Maldon	5	5	7
Rochford	5	4	19
Saffron Walden	36	15	2
Tendring	81	9	32

The following table gives the number of houses erected during 1971 and the number of applicants remaining on waiting lists at 31st December:-

Rural District Council	No. of Dwelling Houses Erected:				No. of applicants on Waiting Lists for Council Houses who are in urgent need of housing accommodation	
	By the Council		By Private Enterprise			
Braintree	23	(66)	156	(218)	114	(79)
Chelmsford	114	(148)	788	(640)	*112	(1,702)
Dunmow	64	(75)	80	(59)	368	(389)
Epping & Ongar	34	(34)	178	(182)	233	(239)
Halstead	18	(18)	89	(26)	124	(120)
Lexden & Winstree	81	(33)	451	(334)	469	(126)
Maldon	10	(19)	303	(232)	8	(11)
Rochford	-	(46)	111	(133)	81	(56)
Saffron Walden	24	(28)	143	(161)	113	(102)
Tendring	39	(36)	252	(200)	*500	(455)
Total	407	(497)	2,551	(2,185)	2,122	(3,279)

1970 figures given in brackets.
Figures include flats in some cases.

*Total on housing list.

The number of council built houses has continued to fall in all but four districts. On the other hand there was an overall increase in the number of houses built by private enterprise, the ratio between local authority and private development being approximately 1 : 6. The rate of development continued to be highest in the area of the Chelmsford Rural District Council.

The foregoing particulars are based on information furnished to the County Council by rural district councils in accordance with Section 116 of the Housing Act, 1957. Particular interest in rural housing actually dates from the first half of this century and especially from the year 1944 with the publication of the Report of the Hobhouse Committee which dealt in considerable detail with the various aspects of housing in rural areas. The awakening of housing conscience had been slower in rural areas than in urban areas but by 1939 the rural authorities were, in general, beginning to take a more active and responsible attitude to the subject only to be interrupted by the Second World War. The recommendations made in the Report were generally accepted by the then Ministry of Health and the most immediate effect was the appointment of Joint County Committees and the carrying out of a survey of existing housing conditions by the parties concerned. The 1957 Act consolidated a number of previous enactments dealing with housing, notably the Housing Act, 1936, with the exception of certain provisions relating to financial matters.

Few dwellings in rural areas now remain that are without main water supplies and few villages of any size lack sewerage schemes. Pressure for development in the rural areas, particularly those of the south and north-west is considerable and many villages have grown and acquired something of the atmosphere of small towns. House values in the country, as in the town, have soared and dwellings which have attracted closure or demolition orders are eagerly snapped up provided there are possibilities of modernisation or redevelopment.

FOOD PREMISES

844 utensils, items of equipment and working surfaces at 26 kitchens have been swabbed to assess the efficiency of washing-up and general cleaning methods. 97% of the swabs gave satisfactory bacteriological results.

ENVIRONMENTAL HAZARDS FROM LEAD

In December 1971, a letter was sent to all Medical Officers of Health in the country by Sir George Godber, Chief Medical Officer, Department of Health and Social Security, outlining the dangers of high levels of lead in the environment, including lead in food, in the atmosphere, in water and in soil.

It was suggested that it might be advisable to look into the possibility that, in certain circumstances, persons might have been exposed to unusually

high intakes of lead and that a planned review of conditions in any affected area might be put in hand.

With this aspect of the letter in mind, enquiries were made as to whether such circumstances arise in the County. Replies from Medical Officers of Health have indicated that no unusual problems were encountered in the Essex area.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

The County Council, under Part IV of the Essex County Council Act, 1933, license establishments where massage or special treatment, including chiropody is given. At the end of the year 67 premises were so licensed, of which 6 were newly licensed in 1971. A total of 96 inspections of the premises were carried out.

During the year the Council decided that new applicants for licences would normally be required to hold those technical qualifications approved for State Registration. This means, in effect, that new licensees will need to have similar qualifications to those Physiotherapists, Chiropodists, etc. employed by local authorities and in the national health service. It does not apply to persons already holding licences on 1st November 1971 or to persons in their employ at that date, but it applies both to new applicants and to employees appointed on or after that date.

It will be possible for persons with lesser qualifications to obtain licences for massage, but such licences will contain restrictions and will exclude any remedial or corrective treatment. This policy will still permit massage for muscle toning and beauty treatment to continue at saunas, etc. by persons who have undergone some training, but who have not obtained the standards necessary for State Registration. It is designed to afford reasonable protection to the section of the public who receive private treatment from Physiotherapists, Chiropodists, etc.

FOOD AND DRUGS ACT 1955

A summary of the work of the Weights and Measures and Public Protection Department

As a Food and Drugs Authority, the County Council have a duty to take steps to ensure that all food sold within their area of responsibility is of the nature, substance and quality demanded by the purchaser, contains no injurious substances, contains permitted additives only in the quantities specified by regulation, is properly labelled, and meets statutory standards as to composition where such are prescribed.

The Weights and Measures and Public Protection Department – which operates under the direction of the Special Purposes Committee of the County Council – is responsible for practical administration and enforcement of the statutory provisions, and during the year 1035 samples of milk and 711 samples of other foodstuffs and drugs were procured for analysis. Most of the samples of milk were tested for quality in the Department's own laboratory, and where samples were found to be of poor quality or adulterated with water, follow-up samples were submitted to the Public Analyst. Most of the other samples were submitted to the Public Analyst for analysis and report.

Nine samples of milk were found upon analysis to be unsatisfactory and each was the subject of appropriate action.

Two farmers were prosecuted for having in their possession milk to which water had been added. One was fined £100 and costs of £11.30 were awarded. The other was fined £30 and ordered to pay costs of £45.20.

Twenty-eight samples of foodstuffs other than milk were the subject of adverse reports of which proceedings were instituted in respect of the following.

- (1) A loaf of bread was found to contain a piece of metal of irregular shape measuring approximately $\frac{1}{2}$ " x $\frac{1}{4}$ " x $\frac{7}{16}$ " thick and weighed 3.9 grams. A fine of £15 was imposed and costs of £6.65 awarded.
- (2) Embedded in one of the slices of a loaf of bread a part of a gold coloured "lead" pencil approximately $1\frac{1}{2}$ " long was found. A fine of £5.00 was imposed and costs of £7.65 awarded.
- (3) Another loaf of bread was found to contain a spider. A fine of £5.00 was imposed and £7.65 costs were awarded.
- (4) A fragment of woven cotton fabric saturated in vegetable oil measuring approximately 2" x $1\frac{1}{2}$ " was found in a slice of bread. A fine of £10.00 was imposed and costs of £7.25 were awarded.
- (5) A bottle of pasteurised milk, the subject of complaint, was found to contain a curved fragment of glass measuring approximately 50 x 30 millimetres. The company was fined £20.00 and costs of £4.70 were awarded.
- (6) Proceedings were instituted against a publican on 4 charges of selling whisky to which water had been added. Samples showed the water content to be 2%, 26%, 65% and 70% respectively. The Court imposed fines of £20 on each charge and costs of £38.90 were awarded.

SECTION III — THE CARE OF MOTHERS AND YOUNG CHILDREN

Health Centres and Health Services Clinics

A new purpose built Health Centre at High Road, Laindon was opened during the year, also an extension to the existing health services clinic situated in Essex Way, South Benfleet. Work commenced on a new Health Centre at Vange and also on extensions to the health services clinics at London Road, Tilbury and Ferry Road, Hullbridge in order to provide Health Centres at each clinic respectively. Plans were also prepared for similar extensions to clinics at Dovercourt, Tiptree and Corringham and for the erection of a new health services clinic at Brentwood.

Child Health Centres

Two hundred and fifteen child health centres, of which 53 were in purpose-built premises, 12 in adapted premises, 148 in hired premises and 2 in general medical practitioners' surgeries were provided by the County Council at the end of 1971. 50,944 children attended the centres, making a total of 296,657 visits during the year.

New centres started and centres discontinued during the year were as follows:-

New Centres started

Health Centre, Town Centre,
Laindon.
Health Services Clinic,
37 Victoria Place, Brightlingsea
Church Hall, Trinity Road,
Chelmsford
Dr. Heylen's surgery, Pancroft,
Abridge
Manford Way Clinic, Hainault
St. Margaret's Church of
Scotland Hall, Doddinghurst
St. Nicholas Church Hall,
Kelvedon Hatch
Jenner House, Old Harlow
(G.P. Surgery)
Church Hall, Orsett
British Legion Hall, Chapel
Street, Billericay

Centres discontinued

Health Services Centre, Florence Road,
Laindon.
Silcott School, Brightlingsea
District Ratepayer's Association
Hall, Burrsville Park, Clacton
Parish Hall, Springfield Road,
Chelmsford
Congregational Church Hall,
Chignal Smealey
Village Hall, Abridge
Village Hall, Doddinghurst
Village Hall, Coppice Camp Hill,
Kelvedon Hatch
Village Hall, Magdalen Laver
Parish Room, Sheering
Gardner Hall, Fobbing
Garrison Clinic, Abbey Fields,
Colchester

Distribution of Welfare Foods

The scheme for the distribution of welfare foods continued throughout the year. There were 292 distribution centres (125 in health services clinics

and 167 in various other premises) in the administrative County compared with 291 in 1970. The amounts of various welfare foods, including National Dried Milk distributed to beneficiaries in 1971 and comparative figures for the previous year are as follows:-

	1971	1970
Orange Juice (bottles)	423,648	455,487
Vitamin A & D tablets (packets)	15,702	20,449
Cod Liver Oil (bottles)	11,287	19,378
National Dried Milk (tins)	59,232	62,350
Vitamin Drops (bottles)	26,935	—

Vitamin A, D and C drops for children were introduced in 1971 and will replace cod liver oil and orange juice which ceased to be available as welfare foods on 30th April 1971 and 31st December 1971 respectively.

Medicaments

The scheme for the supply of free medicaments to mothers and young children and the sale of medicaments on the approved list continued throughout the year.

Dental Inspections and Treatment

The report of the Chief Dental Officer on the County Dental Service appears on page 65.

Details of the dental treatment provided for expectant and nursing mothers and for young pre-school children during 1971 are given in the following table:-

	Children 0-4 years of age inclusive	Expectant and Nursing Mothers
First Visits (patients actually treated)	1,338 (1,350)	299 (267)
Subsequent Visits	2,273 (1,959)	532 (547)
Total Visits	3,611 (3,309)	831 (814)
Additional courses of treatment commenced during the year	121 (131)	19 (24)
Number of fillings	3,750 (3,391)	666 (688)
Teeth filled	3,401 (3,039)	586 (602)
Teeth extracted	618 (676)	158 (113)
General Anaesthetics	313 (359)	10 (13)
Emergency visits by patients	172 (169)	54 (37)
Patients x-rayed	37 (29)	83 (79)
Prophylaxis (scaling and polishing)	339 (220)	178 (195)
Teeth otherwise conserved	584 (636)	- (-)
Teeth root filled	- (-)	5 (1)
Inlays	- (-)	3 (3)
Crowns	- (-)	3 (3)
Courses of treatment completed	1,185 (1,051)	214 (190)
Number of dentures supplied	- (-)	19 (34)

Dental Inspections and Treatment <i>cont'd</i>	Children 0-4 years of age inclusive	Expectant and Nursing Mothers
Number of patients given first inspections during year	A 3,820 (3,624)	D 369 (335)
Number of patients in A and D above who required treatment	B 1,695 (1,577)	E 308 (275)
Number of patients in B & E who were offered treatment	1,651 (1,547)	304 (272)

*The figures in parenthesis refer to the year 1970 and are
included for comparison.*

Detection and Treatment of Phenylpyruvic Oligophrenia

During 1971 a total of 17,792 first blood samples were submitted for the Guthrie test, as follows:-

Domiciliary Midwives	8,625
Hospitals	9,155
General Practitioners	12

In addition to these first samples, a total of 424 retests had to be made for which 201 further samples were taken by domiciliary midwives and 223 by health visitors.

No case was found to be positive.

Nurseries and Child Minders Regulation Act, 1948 (as amended)

As from 1st January 1971, the functions of the County Council under this Act became the responsibility of the Social Services Committee, but the work involved in the registration and supervision of premises and child minders continued by arrangement to be undertaken by the staff of the Health Department until such time as the staff of the Social Services Committee are able to take it over. It is expected that this work will be completely transferred by the Autumn of 1972.

At the end of 1971 the number of premises and child minders registered by the County Council in accordance with the requirements of this Act, together with the number of children for whom provision was being made, is indicated opposite:-

Health Area/ Delegated Authority	Nurseries		Child Minders	
	Number Registered	Number of Children Provided for	Number Registered	Number of Children Provided for
North-East Essex	56	1,032	119	533
Mid-Essex	103	2,729	254	1,190
South-East Essex	42	878	151	522
West Essex	68	1,899	177	549
Harlow	28	843	113	213
Thurrock	33	839	47	132
Basildon	27	1,242	161	343
Colchester	21	518	46	174
Total	378	9,980	1,068	3,656

29 nurseries provided all day care for 1,052 children.

359 nurseries provided sessional care for 8,928 children.

650 child minders provided all day care for 1,573 children.

418 child minders provided sessional care for 2,083 children.

The numbers of children attending private or voluntary day care facilities at the end of the year who were placed and paid for by the County Council were:-

68 with part-time nursery groups

43 with child minders

Convalescent Treatment

During the year, one young child only was provided with a recuperative holiday in accordance with arrangements made under Section 22 of the National Health Service Act, 1946.

Child Development Sessions

A total of 1,549 child development sessions were held at 17 centres during the year and provided a total of 198 places. The total attendances during the year was 13,858 and at the end of the year, 91 children were on the priority waiting list.

Boarded-out Children

Four hundred and ninety five children, who were boarded-out, were medically examined during the year in accordance with the usual arrangements. The necessary action was taken to ensure that 150 children reported to have some medical defect either received treatment or were placed under observation.

The majority of these examinations were undertaken by general practitioners but a small number were carried out by County Council medical officers.

Congenital Malformations apparent at Birth

During the year, a total of 355 live and stillborn infants were reported by the doctor or midwife notifying the birth as having apparent congenital malformations. This figure is equivalent to 16.9 per 1,000 births compared with 16.6 in 1970 and 16.9 in 1969.

The types of malformation recorded are given in the following table, multiple malformations being recorded once under each malformation or malformation group:-

Congenital Malformations apparent at birth recorded in 1971,
with numbers for 1970 in parenthesis

Code No.	Malformation	Male	Female	Total	Rate per 1,000 births
01	Anencephalus	5	19	24 (12)	1.1
04	Hydrocephalus	8	13	22* (13)	1.1
08	Spina Bifida	13	25	38 (28)	1.8
05,06,09	Other malformations of central nervous system	3	4	8* (11)	0.4
10-13	Malformations of eye	1	1	2 (4)	0.1
16-19	Malformations of ear	5	9	14 (18)	0.7
21	Cleft lip	17	5	22 (18)	1.1
22	Cleft palate	19	6	25 (23)	1.2
20,23-29	Other malformations of alimentary system	5	4	9 (12)	0.4
30-39	Malformation of the heart and circulatory system	9	6	15 (7)	0.7
40-49	Malformation of respiratory system	1	1	2 (5)	0.1
57	Hypospadias, Epispadias	30	-	30 (10)	1.4
50-56,59	Other malformations of urino-genital system	10	2	13* (25)	0.6
60	Polydactyly	7	6	13 (10)	0.6
61	Syndactyly	6	3	9 (7)	0.4
62-64	Reduction deformities	6	3	9 (6)	0.4
65	Talipes	36	43	80* (83)	3.8
66	Congenital dislocation of hip	6	13	19 (24)	0.9
67-69	Other malformation of limbs	10	9	19 (16)	0.9
70-75	Other musculo-skeletal malformations	5	10	15 (22)	0.7
80,81	Malformations of face and neck	3	4	7 (5)	0.3
82-84	Malformations of muscle, skin and fascia	7	5	12 (23)	0.6
96	Down's Syndrome (Mongolism)	6	8	14 (14)	0.7
85-95,98,99	Other specified and unspecified malformations	14	13	28* (21)	1.3
	Total No. of Children	186	168	355*(341)	16.9

*including one child of indeterminate sex

Audiology Service

During the year the audiology service continued to operate at the 5 audiology clinics within the Administrative County, attended by Dr. A. N. Cammock, E.N.T. consultant, within the terms of his contract with the County Council.

SECTION IV — THE MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICE

1971 would appear to have been chiefly a year of development and consolidation of the schemes commenced in 1970.

These schemes for the better usage of nursing teams and the re-allocation of nursing duties linked with the further development of general practitioner attachment schemes have made very satisfactory progress during the year.

During the year the nursing administrative team has been urged to develop their services towards preparations for integration of health services in 1974. In order to achieve this and in addition to the general developments mentioned above the following schemes have been devised and set in motion.

Hospital Liaison Midwifery Service

Apart from the schemes of domiciliary midwives delivering babies in hospital units and following up with early discharge and home care, the midwifery service was faced with the need to expand its home confinement rate in South-East Essex. This was due to problems arising in the hospital field and necessitated a sudden and substantial increase in home confinements, and a need to anticipate an increase of midwives to cover this situation. Domiciliary midwives have continued to give faithful coverage to their services often under some difficult situations.

General Hospitals

It will be remembered that the Dan Mason Report entitled "Home from Hospital" showed a very serious problem of patients discharged from hospital where there were many serious breakdowns in communications, the services were all too often not following up and treatment was therefore failing to be maintained. Patients were on occasions being sent home to cold and empty houses without planned facilities to give adequate care.

It was decided to pilot a new scheme in Essex. This has resulted in the appointment of a district nurse to work in the Chelmsford Hospital Group, and it is anticipated that if this pilot scheme proves a success it would be extended to other hospitals. After 3 months' experience from September to December 1971 the scheme has proved to show every sign of its intended benefits.

It is now hoped that further action will be planned for the interchange of experience between hospital and local authority nursing staff. In all groups of hospitals personal interrelationships already are at a very high standard.

Basic Training in Community Care

In basic nurse training of the future all fields of nursing will be demanding three months community care training as part of their basic

training courses. This is likely to bring the service under very considerable pressure to meet these needs. Plans are being discussed at all levels in conjunction with the Training Officer of the Social Services Department to try to rationalise a programme of community care coverage for all services.

In-Service Training

Very heavy increased programmes of training have been arranged by the Divisional Nursing Officer together with the District Nurse Tutor to cover all grades of nursing, midwifery and health visiting staff. In particular a new course of district nurse training was carried out for State Enrolled Nurses for District Nurse Training. This course qualified nurses for the National District Nurse Training Certificate (E) Examination. Seven nurses undertook this training and were successful in passing the examination.

Courses are continuing to be held for State Registered Nurses and district auxiliaries.

It has been possible to fulfil a long-felt need to start special training courses for clinic nurses, and the first of these was held on November 1971 for recently appointed staff.

Audio-Visual Teaching on Community Nursing Services

We were approached by the Medical Recording Service Foundation with a request to photograph the work of these services, and work on this project has now commenced.

Midwifery

The following table shows the number of midwives (excluding those employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946) who notified their intention to practise in accordance with the provisions of the Midwives Act, 1951:-

	Form of Practice	Domiciliary Midwives	Other Midwives	Total
(a)	Domiciliary Midwives employed by the Authority	194	-	194
(b)	Other Midwives employed in Nursing Homes or in private practice	-	5	5
		194	5	199

The midwives employed by the County Council attended 4,343 confinements during 1971 and in only 36 of these cases was a doctor not booked to attend the confinement.

17,197 of the 20,944 births notified in accordance with Section 203 of the Public Health Act, 1936 occurred in hospital during the year under review (82 per cent). The following table shows the percentage of hospital confinements in the Administrative County over the last three years:-

	1969	1970	1971
North-East Essex	92.4	94.7	96.7
Mid-Essex	79.5	83.8	85.8
South-East Essex	63.9	68.6	66.8
West Essex	76.3	77.4	79.5
Harlow	87.6	90.5	92.5
Thurrock	63.9	68.6	71.6
Basildon U.D.C.	64.2	68.7	74.6
Colchester M.B.C.	91.1	92.0	92.6

Early discharge of Maternity Patients from Hospital

During the year the arrangement whereby maternity patients confined in hospitals were discharged before the expiration of the lying-in period to the care of general medical practitioners and domiciliary midwives continued: a total number of 10,237 were so discharged, of whom 4,098 were within the first 48 hours.

Analgesia

In 1971 70 percent of the patients confined at home received inhalational analgesia, which all 194 domiciliary midwives employed by the County Council were qualified to administer in accordance with the requirements of the Central Midwives Board. The number of cases and type of analgesia are shown below:-

Gas and Oxygen	2,344
Trilene	679
Pethidine	2,223

Ante-natal and Post-natal Clinics

Attendances at ante-natal and post-natal clinics during 1971 are as set out in the following table:-

	No. of Women in attendance	No. of Attendances	
		At Medical Officer's Sessions	At Midwives Sessions
For ante-natal examination	2,494	3,788	9,854
For post-natal examination	14	17	—

Classes in mothercraft and relaxation continued to be provided for expectant mothers attending the County Council's ante-natal clinics; 4,097 expectant mothers attended these classes during the year, of whom 3,492 were booked for confinement in hospital and 605 for confinement at home. The total number of attendances was 22,724.

Ophthalmia Neonatorum

No case of ophthalmia neonatorum was notified during 1971.

Maternal Deaths

No deaths attributed to pregnancy, childbirth or abortion were notified in 1971.

Training of Pupil Midwives

Under the arrangements made with Hospital Management Committees whereby the County Council provide domiciliary experience for pupil midwives undertaking second period midwifery training at various hospital training schools, 118 pupils had received or were receiving domiciliary training during the year from teaching district midwives.

A further training course for teaching midwives was held during the year, which included a visit to Severalls Hospital, Colchester.

Home Nursing

During 1971 20,346 patients were attended by home nurses making a total of 545,218 visits. Details of the age groups to which these visits relate are as follows:-

Age Group	No. of Patients visited	No. of Visits paid
Under 5 years of age	379	2,040
Over 5 and under 65 years	6,344	117,587
Over 65 years of age	13,623	425,591
	20,346	545,218

District Nursing

During the year a further district nurse training course was held to qualify State Registered Nurses for the National Certificate of District Nursing. Sixteen candidates attended this course, all of whom were successful in their examination.

Health Visiting

A total of 216,523 visits to 94,712 persons in their own homes were made during the year by health visitors employed by the County Council. Details of visits in age groups are shown below:-

Age Group	No. of Patients visited	No. of Visits paid
Under 5 years of age	73,648	166,964
65 years of age and over	10,314	26,737
Others	10,750	22,822
All ages	<u>94,712</u>	<u>216,523</u>

Preparation for Childbirth

During the year, a further 3-day course of instruction on preparation for childbirth, was organised for health visitors and midwives. This course was attended by 22 health visitors, domiciliary midwives and hospital midwives and was held at the Medical Academic Unit of the Chelmsford & Essex Hospital under the direction of Mrs. A. Gill, M.C.S.P.

This course was very much appreciated by all who attended.

Attachment of Health Visiting, Midwifery and Home Nursing Staff to General Medical Practices

Further progress was made during the year in respect of attachment schemes whereby health visitors, domiciliary midwives and home nurses are allocated to specific general medical practices and are responsible for all the general practitioners' patients who reside in the local health authority's area.

The number of nursing staff employed in attachment and liaison schemes at the end of 1971 is given below:-

Category of Staff	No. employed in Attachment Schemes	No. employed in Liaison Schemes
Health Visitors	73	19
Midwives	56	5
Home Nurse/Home Nurse Midwives	81	18

SECTION V — PREVENTIVE MEDICINE

CARE AND AFTER-CARE TUBERCULOSIS

In 1971 Medical Officers of Health notified 159 cases of respiratory and non-respiratory tuberculosis. This figure, compared with 137 cases in 1970, represents an increase of 22 (17 respiratory and 5 non-respiratory). The details of age and sex distribution are given below:-

	Sex	0-4	5-14	15-24	25-44	45-64	65 & over	All ages
Respiratory	M	3	5	2	23	27	17	78*
	F	4	5	5	19	9	5	47
Non-respiratory	M	—	1	1	2	4	1	9
	F	—	4	7	4	8	2	25

**One case of unknown age.*

The number of primary notifications and deaths in the County Districts of the Administrative County for the years 1964 to 1971 are shown in the following table:-

	Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Tuberculosis (all forms)			
	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	Rate per 1,000 population	
							Notifi-cations	Deaths
1964	237	25	36	2	273	27	0.23	0.02
1965	209	28	33	4	242	32	0.20	0.03
1966	166	24	26	5	192	29	0.18	0.03
1967	176	34	31	2	207	36	0.19	0.04
1968	161	17*	29	9*	190	26	0.17	0.02
1969	127	14*	27	11*	154	25	0.13	0.02
1970	108	17	29	1	137	18	0.12	0.02
1971	125	15	34	4	159	19	0.13	0.02

**Deaths from late effects of respiratory tuberculosis were included with non-respiratory deaths in 1968 and 1969*

It will be seen that although the number of notifications in 1971 was higher than in 1970 and 1969, it was lower than in all previous years.

Domiciliary Visits

Tuberculosis visitors attended 241 households and health visitors made visits to 680, the total number of households visited being 921.

Follow-up of Contacts

During 1971 the total number of examinations was 4,275. Of these 1,449 were contacts of cases of tuberculosis examined for the first time and 2,826 subsequent examinations were made.

Open Air Shelters

As in 1970, only one open-air shelter remained in use at the end of the year and was periodically inspected by a health visitor.

B.C.G. Vaccination

Throughout the year the vaccination of contacts of patients suffering from tuberculosis, for whom Mantoux tests had proved negative, continued and the total numbers vaccinated, together with comparative figures for 1970 are as follows:-

	1971	1970
Number of contacts skin tested	1,021	1,107
Number of contacts found to be positive	343	364
Number of contacts found to be negative	672	722
Number of contacts vaccinated	648	628

B.C.G. vaccination of school children and students continued during 1971 and the following figures give details and comparable figures for 1970:-

	1971	1970
Number of pupils and students skin tested	14,510	11,784
Number of pupils and students with		
(a) Positive results	643	573
(b) Negative results	13,188	10,681
(c) Vaccination with B.C.G.	12,957	10,474

Extra Nourishment

The scheme for the provision of free milk continued throughout 1971. 26 new tuberculosis cases and 12 new cases of other chest diseases received this service. At the end of the year 311 patients were in receipt of free milk.

Mass Radiography

Two mobile radiography units under the jurisdiction of the North-East Metropolitan Regional Hospital Board continued to operate in the Administrative County during 1971 when sessions were held at factories, hospitals etc. A total of 41,289 persons were x-rayed, of whom 24,171 were

males and 17,118 were females. This figure compares with 47,123 persons x-rayed in 1970, but it is thought that the static units in Ilford have attracted a considerable number of persons residing in the Administrative County who have availed themselves of this service.

Tuberculosis Care Associations

As indicated in my annual report last year, consideration was given to the County Council ceasing the payment of annual grants to the Associations and assuming direct responsibility for the provision of assistance hitherto made available through them.

In view of the formal objections received by the Secretary of State for Social Services from the Chest and Heart Association on behalf of itself and its affiliated Care Committees within the Administrative County further discussions were held between representatives of the County Council and the Chest and Heart Association.

As a result of these discussions, the Council expressed its willingness to grant financial assistance to local committees in the future, to the extent that they may be in need of assistance and are in fact providing a useful and realistic service. In addition, the Council, to the extent that they consider it necessary or desirable, will also provide benefits or comforts, other than the payment of money, for persons suffering from any form of tuberculosis or from any disease of the chest or of the heart, provided that such benefits or comforts are not obtainable from any other source.

OTHER ILLNESSES

Recuperative Convalescence

Although the responsibility for the provision of recuperative convalescence for patients was transferred to the Social Services Department in 1971, Area Medical Officers/Medical Officers of Health continued to make the necessary arrangements on behalf of the Director of Social Services for the year under review and 216 patients were assisted by this service.

Loan of Sickroom Equipment

Sickroom equipment was made available, on loan, throughout the year to patients in their homes. The equipment is provided either through home nurses or the health area offices, and the articles on loan at the end of 1971 totalled 5,395.

RENAL DIALYSIS

During the year the County Council gave financial assistance towards the cost of carrying out the necessary adaptations to the homes of 12 patients

to enable them to be provided with renal dialysis equipment. A total number of 28 patients have now received this form of assistance and the first two portable units, for use by patients whose homes are not suitable for adaptation, were purchased during 1971.

The average cost of carrying out the necessary work to a dwelling is now £650 but the average cost for the provision of a portable unit is £1,250.

INFECTIOUS DISEASES

The corrected number of notifications of infectious diseases received by Medical Officers of County Districts during 1971 will be found in Table V.

It is interesting to note the variation in notifications received over the past five years as will be seen in the following table:-

	1967	1968	1969	1970	1971
Scarlet fever	606	483	548	443	379
Whooping Cough	1,059	611	200	314	541
Measles	17,507	3,257	4,543	6,886	3,562
Diphtheria	—	—	—	22	1
Acute poliomyelitis (paralytic)	2	—	—	—	—
Acute poliomyelitis (non-paralytic)	—	—	—	—	—
Acute encephalitis (infective)	—	1	2	1	2
Acute encephalitis (post-infectious)	1	—	4	1	3
Acute meningitis*	6	13	10	19	27
Typhoid fever	4	—	3	—	1
Paratyphoid fever	—	1	1	6	2
Dysentery	504	183	482	78	72
Food Poisoning	132	113	215	310	229
Infectious jaundice**	217	480	372	423	180
Tuberculosis, respiratory	176	161	127	108	125
Tuberculosis, meninges and CNS	1	3	2	1	—
Tuberculosis, other	30	26	25	28	34
Ophthalmia neonatorum	1	—	3	1	—
Malaria	2	—	2	5	4
Anthrax	—	—	—	—	—
Leptospirosis	†	—	1	—	—

**Meningococcal infection until 1968*

***Infective hepatitis until 1968*

†Leptospirosis not notifiable until 1968

VACCINATION AND IMMUNISATION

There was a decrease in the number of persons under 16 years of age vaccinated or re-vaccinated against smallpox in 1971, compared with the previous year. Details for the year under review are as follows:-

	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
Number vaccinated	9	23	47	167	3,448	4,471	807	8,972
Number re-vaccinated	—	—	—	2	4	200	2,090	2,296

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

The following table indicates the number of persons under 16 years of age who completed primary courses of injections and received reinforcing doses to protect them against diphtheria, whooping cough, tetanus and poliomyelitis during 1971:-

	Year of Birth					Others under 16 yrs of age	Total
	1971	1970	1969	1968	1964- 1967		
Primary Courses							
Diphtheria	955	12,903	4,514	558	598	152	19,680
Whooping Cough	940	12,649	4,318	435	243	47	18,632
Tetanus	961	12,909	4,528	573	683	1,215	20,869
Poliomyelitis	892	13,101	4,308	568	643	271	19,783
Reinforcing Doses							
Diphtheria	—	215	891	500	17,425	1,866	20,897
Whooping Cough	—	188	790	321	4,141	348	5,788
Tetanus	—	216	908	544	17,794	5,250	24,712
Poliomyelitis	—	216	786	315	16,749	5,408	23,474

Details of antigens given to children are as follows:-

	Primary Courses	Reinforcing Doses
Quadruple (D.T.P.P.)	—	—
Triple (D.T.P.)	18,630	5,786
Diphtheria/Pertussis	1	—
Diphtheria/Tetanus	1,034	15,015
Diphtheria	15	96
Pertussis	1	2
Tetanus	1,205	3,911
Poliomyelitis — Salk	21	14
Poliomyelitis — Sabin (Oral)	19,762	23,460

The following table shows the number of children vaccinated against measles:-

	Year of Birth					Others under 16 yrs of age	Total
	1971	1970	1969	1968	1964- 1967		
Numbers vaccinated	34	5,854	4,895	1,931	2,661	256	15,631

Rubella Vaccination

The number of girls aged 11 – 14 years vaccinated against rubella during 1971 was 14,874.

Yellow Fever

The centre in the Health Suite at County Hall, Chelmsford, continued to provide yellow fever vaccinations during the year at a charge of £1.50 per person, subject to a reduction for residents within the Administrative County in accordance with the County Council's assessment scales. During 1971, 615 persons availed themselves of this service, an increase of 56 over the previous year.

SEXUALLY TRANSMITTED DISEASES

Details of new cases of syphilis, gonorrhoea and other conditions diagnosed at special clinics throughout the Administrative County during 1971 are shown in the following table:-

	Syphilis	Gonorrhoea	Other Conditions
Chelmsford	6	56	758
Colchester	2	101	855
Harwich	-	5	37
Tilbury	12	108	770
Total	20	270	2,420

Many of the new cases at Tilbury Clinic are of seamen and their exclusion reduces the above figures to:-

Syphilis – 10 Gonorrhoea – 212 Other Conditions – 2,063

On the other hand sexually transmitted disease in residents of Essex is also diagnosed at clinics outside the Administrative County at Oldchurch Hospital, Romford, Addenbrooke's Hospital, Cambridge, The Herts and Essex

Hospital, Bishop's Stortford and at London Teaching Hospitals. From returns received from these and other clinics it is known that there were 6 other new cases of syphilis, 92 of gonorrhoea and 874 of other venereal conditions, but all clinics which might be expected to treat Essex cases did not send returns so the total figures of 16 new cases of syphilis, 304 of gonorrhoea and 2,937 of other venereal conditions are probably not complete.

HEALTH EDUCATION

The year under review has been an extremely busy one for the Health Education Service and resources have been stretched. However, the results have been most encouraging and with the additional staff appointed it was felt that the ever increasing demands being made could be met more easily.

The misuse of drugs continues to give rise to concern and advice has been sought by colleges of further education and by other adult groups who have come to realise the extent of the problem. Considerable efforts are being made by the health education staff to help and in order to deal with this subject in a more positive way a liaison committee consisting of representatives of the Education Department, the Social Services Department, the Police, the Essex County Pharmaceutical Society and the Health Department, has been formed. It is hoped shortly to extend the membership of the Committee by including representatives from the Probation Service, the Juvenile Courts and the Federation of Essex Head Teachers and some consultant Psychiatrists. The feasibility of establishing local liaison committees in different parts of the county, where members would have a more intimate knowledge of the problem of their particular district is also being considered.

In-Service Training

Three one day courses were held during the year for all health visitors, home nurses and domiciliary midwives when the film "Plan Your Family" was shown and was followed by a talk by a Consultant Gynaecologist.

Study Days

The use and misuse of drugs featured largely in the various study days held throughout the year. One study day was arranged for Diocesan Moral Welfare workers and social workers in the county when Dr. Antony Wood of the Health Education Council Ltd. and Mrs. Molly Craven of the Association for the Prevention of Addiction spoke on the subject. Detective Sergeant Hill of the Essex Police Drugs Squad also made a very valuable contribution to the meeting.

In the early part of October, a study day was held for some 200 medical officers and health visiting staff when Dr. June Lloyd, of the Institute of Child Health, delivered a lecture on "Obesity in Childhood". This

was followed by a lecture on "Renal Dialysis" by Dr. John Moorhead of the Department of Nephrology at the Royal Free Hospital. During the afternoon session, Dr. Hugh Johnson, Senior Lecturer in Forensic Science at the Medical Colleges of St. Thomas Hospital and the London Hospital spoke very forcibly on the subject of "Sudden Death in Infancy".

In the latter part of the year a series of study days was held for head teachers of senior schools, school counsellors and other interested parties when the drug problem, contraception and the venereal diseases together with their associated problems particularly as they concern young people today were discussed. These study days were very well attended and it is hoped that the audiences now feel that they are more able to deal with the problems of their pupils where these subjects are concerned.

Essex Show

The Department again exhibited at the Essex Show which was held at the show ground, Great Leighs on 19th and 20th June 1971. The exhibits were organised by the Health Education Staff and covered the following items:-

Refuse Disposal, Smoking, Immunisation and Vaccination

Danger in Electricity and Garden Safety

A modern ambulance, together with members of the County Ambulance Service and staff from the St. John Ambulance Brigade were on hand to portray incidents necessitating the calling of an ambulance in an emergency.

Unfortunately, the weather took a hand and from 11 a.m. on the first day it rained almost continuously. The members of the public were encouraged to visit the exhibition however by being provided with light refreshments in the colourful and well stocked garden within the exhibition setting by some of the attractive young ladies on the Central Office staff, who gave their help voluntarily; this proved to be a popular innovation.

Smoking and Health

The smoking and health campaign in junior schools throughout North East Essex continued during the year with visits to all schools in Lexden and Winstree Rural District and in Harwich. It has been decided that visits will be made bi-annually with a programme for pupils of the two top years being presented by the health education team, so that all children will have been informed of the dangers of smoking to health before they reach secondary school level. The subject of smoking and health is included in the routine health education syllabus in most secondary schools but where there is no such syllabus, a special visit is usually made.

The content of the programme has been amended to include recent developments such as the publication of the Report of the Royal College of

Physicians in January. Schools visited in the period immediately following the publication showed a tremendous increase in the awareness of the dangers but this had abated towards the end of the year. Visits have been made to secondary schools to which children previously spoken to at junior school have progressed. It is interesting to know that fewer children in these schools admit to smoking than in schools where children had received no previous information on the subject.

Arrangements have been made to complete this second phase of the campaign by the summer of 1972 thus allowing the third phase to commence in September 1972.

Home Safety

Annual grants were again made to eight local home safety committees and assistance in their activities was provided by members of the health education central office staff.

Dental Health

Dental health education has gone on apace in schools in the southern part of the county. Parents' evenings have been very well attended and there is no doubt that this aspect of health education is one in which they are very much interested. Further reference to this subject is contained in the report of the Chief Dental Officer.

General

The demand for health education by the voluntary organisations, church groups, parent teachers associations and similar bodies has continued at a high level. They continue to follow the current trend that when a talk is given it invariably leads to further requests being made.

ROUTINE CERVICAL CYTOLOGY

During the year the scheme for routine cervical cytological testing and examination of the breasts continued and the equivalent of 779 sessions were held. A total of 7,822 women attended these sessions, of whom 3,649 were recalled for a second test. The number of positive results (4) was 0.5 per 1,000 tested compared with 1.6 in 1970.

The age of women tested during the years 1969 to 1971 are given in the following table:-

Age of Women	1969	1970	1971
Under 25 years	408	499	458
25 — 34 years	2,768	2,682	2,501
35 — 44 years	2,520	2,818	2,658
45 — 54 years	1,354	1,676	1,749
55 years and over	348	433	456
Total	7,398	8,108	7,822

Although the number of women tested was less than in 1970, there was a further increase in the number of women over 45 years of age tested.

CHIROPODY

There were 52 chiropodists employed in the Administrative County at the end of 1971, working the equivalent of 34.1 whole-time officers.

The sessions worked by these chiropodists amounted to 15,869 as follows:-

At Clinics	9,285	(8,588)
Domiciliary	5,913	(5,101)
Social Services Establishments	671	(691)
Total	15,869	(14,380)

The figures in parenthesis indicate the number of sessions worked during 1970.

The County Council continued, as in previous years, to make a grant to the Essex Old People's Welfare Association to enable them to assist Old People's Clubs to run a chiropody service in those areas where the directly provided service was not available. Due to improvements in the staffing position it was possible to arrange for the voluntary chiropody services provided by several clubs to be taken over by the County Council during the year. The aged, physically handicapped and expectant mothers continued to be treated as the staffing position allowed and visits to establishments under the control of the Social Services Department were maintained.

The following table gives details of the cases treated and the number of treatments given:-

Category	Number of Cases	At Clinics	Treatments:	
			Domiciliary	Social Services Establishments
Children	772	1,049	—	—
Physically Handicapped	244	524	876	—
Aged over 65 years	17,719	59,613	27,215	6,630
Others	223	727	13	117
Total	18,958	61,913	28,104	6,747

FAMILY PLANNING

During the year the Family Planning Association continued to act as the Council's agent for the provision of family planning services on the basis of Application 6 of the National Family Planning Agency Scheme which provides —

- (a) that the service be restricted to residents in the Administrative County, and
- (b) that free consultations and supplies be provided only to "medical cases" (no service to be provided on behalf of the County Council to non 'medical cases').

The Association are enabled the free use (including equipment, heating, lighting and cleaning) of Health Centres and Health Services Clinics for providing family planning services and new family planning clinics are opened in accordance with the need in a particular area.

At the end of 1971 a total of 37 family planning clinics were operating in the Administrative County and during the year 5,905 new patients received advice and treatment, 1,808 of whom were 'medical cases'.

REGISTRATION AND INSPECTION OF NURSING HOMES

At the end of 1971 there were 12 nursing homes registered by the County Council under Part VI of the Public Health Act, 1936.

AGENCIES FOR THE SUPPLY OF NURSES

At the end of the year one nursing agency only was operating in the Administrative County.

FACTORIES ACTS 1937 AND 1948

During 1971, the functions of factory doctor in the Borough and the Rural District of Maldon were undertaken by medical staff of the Department. 107 young persons (78 males and 29 females) were examined and certificates of fitness for employment under Section 18 of the Act issued.

NATIONAL ASSISTANCE ACT, 1948

Visits to residential hostels, under the jurisdiction of the Social Services Committee, were made throughout the year by a Principal Medical Officer on the staff of the Health Department.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

A total of 322 Forms B.D.8 were completed during 1971 in respect of new cases including 6 found to be defective and 32 who were not eligible for registration.

As a result of these examinations 176 were registered as blind and 108 as partially sighted.

In addition, 182 re-examinations were undertaken with a view to re-classification of the patients concerned and the diagnoses were as follows:-

Blindness	45
Partial Sightedness	115
Defective Sightedness	15
Not eligible for registration	7

The following table gives a summary of the information obtained in following up all the new cases where treatment was recommended:-

		Cause of Disability			
		Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1)	New cases only:				
	(a) No treatment	23	11	—	168
	(b) Treatment (medical, surgical or optical)	44	39	—	58
(2)	No. of cases at (1)(b) above which on follow-up				
	(a) Had received treatment	21	17	—	29
	(b) Had refused treatment	1	1	—	—

The Director of Social Services has kindly supplied the following information relating to the registration of persons found to be blind or partially sighted:-

The total number of persons on the register at the end of 1971 was 2,152 and of these 827 were males and 1,325 were females.

At the end of 1971, 709 persons were registered as partially sighted and of these 258 were males and 451 were females.

SECTION VI — THE AMBULANCE SERVICE

No changes took place in the arrangements for the ordering of ambulance transport and the control of movement of ambulance vehicles which continued to be dealt with by the Central Ambulance Control in Chelmsford, the staff of which is assisted in their work by a number of Transport Officers employed at some of the larger hospitals on a joint appointment basis.

The “block booking” system which was introduced in 1968 continues in use and it is proving its value by co-ordinating the appointment times and the location of patients in areas so that they may be conveyed in parties to and from hospital thereby ensuring the most economic use of available ambulance transport.

For further improving ambulance cover in those parts of the county where a demand is expanding authority was given to purchase five additional ambulance vehicles and to appoint 9 additional ambulance driver attendants to man them. Due to circumstances outside the control of the County Council these vehicles were not delivered during the year and in consequence appointment of the staff was deferred.

As in previous years, officers of the Ambulance Service have given instruction in first aid to some of the voluntary aid attachments which have been formed since the change in national policy in respect of Civil Defence and in addition to this ambulance officers have visited schools and a number of organisations to talk about the ambulance service and to display the vehicles and equipment used by the service.

Deployment of Vehicles and Staff

The directly provided service continues to operate from 27 ambulance stations and in addition the Brightlingsea Ambulance Committee continue to operate an agency station in that town.

The service is still supplemented by the Hospital Car Service, which is provided by the joint committee of the Order of St. John and the British Red Cross Society, and which is used for the conveyance of some sitting case patients.

The arrangement whereby a private firm provides, on request, a radio equipped taxi cab to convey patients from hospitals in the London area to suitable points in Essex where they can be transferred to an ambulance vehicle and then returned home continues to provide a useful supplement to the directly provided service.

Vehicles and Equipment

The total number of vehicles in the ambulance fleet is now 126. 21 petrol-engined ambulance vehicles were ordered as replacements during the year, of which 9 are dual purpose ambulances on the Ford Transit Custom

chassis and 12 are Ford Transit Sitting Case vehicles. 2 of the latter will be 11 seaters and the remaining 10 will be capable of carrying 2 stretchers or ten sitting case patients.

In addition as mentioned earlier 5 additional ambulance vehicles comprising 2 eleven seater sitting case vehicles and 3 dual purpose ambulances all on the Ford Transit Custom chassis were ordered.

The servicing arrangement of ambulance vehicles continues in accordance with the general recommendations of the manufacturers and this appears to be satisfactory.

Hospitals

The three larger capacity Ford Transit Sitting Case vehicles brought into use late in 1969 have continued to be used primarily in connection with the conveyance of patients to and from their homes and the day hospital at Severalls Hospital, Colchester. The additional carrying capacity of these vehicles is proving of great benefit to the ambulance service and the patient and it is proposed to increase the carrying capacity of the ambulance fleet by the introduction of similar models to cope with the growing demand of day hospitals in the county.

During the year most of the casualty receiving hospitals in the county have been troubled by staff shortages and because of this a number of casualty receiving centres were closed. These two factors have caused problems for the ambulance service and because of the closure of casualty receiving centres in adjoining hospitals at one time the ambulance service was obliged to convey casualties over long distances to other receiving hospitals which in turn were themselves overburdened.

The arrangements whereby obstetric flying squads from selected hospitals and the emergency team based at Severalls Hospitals can be conveyed if necessary to the homes of patients were continued.

First Aid and Efficiency Competition

The National Association of Ambulance Officers invited the County Council to stage the No. 5 Regional Ambulance Competition. This was accepted and the Governors of the Writtle Agricultural College who were approached, graciously consented to provide suitable facilities at the College for the competition to be held. Twelve teams entered and a full programme was arranged for the day including demonstrations of equipment by commercial firms and the G.P.O. More than 300 people attended during the day and arrangements were made to provide all the visitors and the invited guests with refreshments.

The results of the competition were as follows:-

Individual points and positions

Authority	Team Test	Position	Attendant Test	Position	Driving Test	Position	Grand Total	Final Team Position
Hastings	133	1	162	3	78	9	373	1
Southend	94	9	154	7	71	10	319	9
West Sussex	80	11	142	9	81	5	303	10
East Sussex	115	5	170	2	69	11	354	4
G.L.C.	127	4	158	5	85	2	370	2
Hertfordshire	98	7	158	5	68	12	324	8
Essex	129	2	127	10	79	7	335	6
Kent	87	10	173	1	85	2	345	5
Brighton	129	2	160	4	81	5	370	2
Hampshire	112	6	93	12	86	1	291	11
Surrey	78	12	115	11	82	4	275	12
Luton	98	7	149	8	79	7	326	7

National Safe Driving Competition

249 driver attendants were successful in gaining awards in the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents.

Statistics

The following table shows the miles run and the patients conveyed by the directly provided service, the agency service and the hospital car service:-

	Year	Directly provided Service	Agency Service	Hospital Car Service	Whole Service
Patients Conveyed	1967	361,539	4,379	69,156	435,074
	1968	380,236	4,753	48,259	433,248
	1969	384,220	6,152	44,153	434,525
	1970	378,171	5,442	51,042	434,654
	1971	396,763	5,344	47,818	449,925
Mileage	1967	2,571,732	27,092	1,092,977	3,691,792
	1968	2,599,400	26,955	824,536	3,450,891
	1969	2,654,371	29,740	764,763	3,448,874
	1970	2,591,753	27,127	877,634	3,496,514
	1971	2,761,141	29,466	797,799	3,588,406
Average Mileage per Patient	1967	7.1	6.2	15.8	8.5
	1968	6.8	5.7	17.1	8.0
	1969	6.9	4.8	17.3	7.9
	1970	6.9	5.0	17.2	8.1
	1971	7.0	5.5	16.7	8.0

After remaining steady for some years the number of patients conveyed increased by 3.5 per cent in 1971. All the additional patients were conveyed by the directly provided service and there was a decline in the number

conveyed otherwise. The overall mileage per patient decreased slightly to 8.0. The number of emergency cases conveyed was 25,544 compared with 26,170 in 1970 and 25,644 in 1969.

Conveyance of Patients by Air

One patient was conveyed from the Chelmsford & Essex Hospital to Stoke Mandeville Hospital by helicopter under the arrangements which exist for the provision of the service by the armed forces.

Communications

The expected directive by the Department of Health and Social Security was received concerning the new radio wave bands to be allocated on a national basis to ambulance authorities. This requires ambulance services to use high band frequencies and frequency modulation, which means that all the equipment used by the County Ambulance Service will be obsolete by 1974, the year the suggested change is to be made. The greater part of the radio equipment used by the County Ambulance Service was already obsolescent and plans had already been made to replace it over a four year period but it was decided that all the equipment should be replaced immediately by new frequency modulated equipment and orders were placed for 127 mobile radio sets and four base transmitter/receivers.

REPORT OF THE CHIEF DENTAL OFFICER

The full statistical returns are shown on page 65 of the Report.

As noted in previous annual reports, the pattern and extent of dental inspection and treatment for expectant and nursing mothers and for pre-school children does not vary remarkably from year to year. It will be seen, however, that a slightly greater number of children and mothers were inspected and treated whilst the number of sessions remained about the same. For comparison, the figures for 1970 are shown in parenthesis.

3,820 (3,624) children were inspected during the year and 1,651 (1,547) were offered treatment. 273 children were re-inspected during the year. 1,338 (1,350) individual children received treatment and the total number of visits was 3,611 (3,309). Slightly fewer additional courses of treatment, 121 (131), were undertaken but more courses of treatment of all kinds were completed, 1,185 (1,051). It is encouraging that a greater number of fillings was carried out in 1971, 3,750 (3,391) and that fewer teeth needed extracting 618 (676). 339 (220) children received prophylaxis (scaling and/or removal of stains from the teeth). It is saddening that there were 172 (169) emergency visits by children, presumably due to pain, and this underlines the desirability of parents arranging for regular inspection appointments for their children so that any necessary treatment can be given before pain occurs.

From recent surveys, it has been estimated that in the country as a whole only one-fifth of 3 and 4 year old children go to a dentist (either in the General Dental Service or in the Local Authority Dental Service) and it would seem that parents generally do not feel the same degree of concern for their children's deciduous teeth as for their permanent teeth. In Essex, in an attempt to remind parents of the consequences of neglect during the pre-school years, all appointment cards have a note inviting parents to bring along to the clinics for check-up their younger children and a pilot 3 year old birthday card scheme was started at Stanford-le-Hope in November. The response to this latter method of reminding parents of the need for regular inspection is awaited with interest.

The majority of expectant and nursing mothers naturally obtain treatment from their usual practitioners and the number of mothers seeking treatment from the local health authority service has declined steadily over the last 20 years. In Essex, the number of mothers using the local authority service would appear to have remained about the same during the last 3 year period. 369 (335) mothers received a first inspection during 1971, 304 (272) of them were offered treatment and 299 (267) individuals made a total 831 (814) visits for treatment. 666 (683) fillings were carried out and 158 (113) teeth extracted. Fewer mothers received scaling and polishing, 178 (195) and fewer were supplied with dentures 19 (34). A greater number of courses of treatment were completed however, 214 (190).

The trend towards conserving, rather than extracting, teeth in pre-school children continued and is an encouraging though more time-consuming form of treatment.

Staff

Of the total authorised establishment of 50 Dental Officers of all grades, 36.4 were in post at the end of the year compared with the full-time equivalent of 35.2 at the end of 1970. 8.3 dental auxiliaries were also in post at 31st December 1971 compared with 4.3 at the end of the previous year. The number of half-days spent on the dental services for mothers and young children, 750, together with 53 sessions devoted to dental health education, represents approximately 5.3% of the time of the dental staff. In this connection, it must be realised that dental auxiliaries are not trained, and are not employed, to treat adult patients i.e. expectant and nursing mothers, whereas the contribution they make to the treatment of young children is significant and valuable.

The staffing position remained uneven throughout the county, being up to establishment in Colchester, Basildon and South-East Essex, improved in West Essex, moderately satisfactory in North-East, Mid-Essex and Harlow, but remaining inadequate in Thurrock. Efforts to improve matters in Thurrock had had little success by the end of the year. Overall, the dental staffing position was slightly better in 1971 than in 1970, although lengthy periods of sickness by two members of staff unfortunately offset to some extent this improvement.

With more auxiliaries in post, it was possible for them to attend a greater number of ante and post-natal clinics, as well as child health clinics where they could give useful advice on dental care to mothers. The dissemination of knowledge on dental matters to mothers of young children together with encouragement to bring their children from the age of 3 years onwards for regular inspection by the dentist would seem to offer the best hope of bringing about an improvement in the state of young children's teeth.

Liaison with other branches of the dental profession was maintained by attendance at scientific and local meetings and through membership of various committees. The Chief Dental Officer was elected Hon. Secretary of the Public Dental Officers Group of the British Dental Association and Mr. A. D. French, Area Dental Officer, West Essex, Chairman of the Dental Group of the Society of Medical Officers of Health. These two officers were also members of the Essex Local Dental Committee.

Four dental officers attended in June the Annual Conference of the British Dental Association and two dental officers were invited to attend a one-day conference arranged by the Health Education Council in London on Dental Health Education.

Following the County Council's decision that one whole-time dental officer each year should be assisted to attend the London course for the D.D.P.H., Mr. A. D. French, obtained this diploma by examination in July, as did Mr. P. R. Deasy, of Mid-Essex who attended the course at his own expense. Mr. J. M. Carr, Area Dental Officer, Thurrock, commenced his studies in London for this diploma in October.

Premises and Equipment

At the end of 1971 the Authority had 38 fixed clinics with one surgery and 11 clinics with two or more surgeries, which together with the two mobile clinics, gave a total of 63 surgeries of which 60 were in use, an increase of 4 over the previous year. Laindon Health Centre opened in August, providing 3 surgeries for local authority use, replacing the old single surgery Laindon clinic which was closed during the same month. Work commenced during the year on the building of new health centres at Stifford Clays, Thurrock with one surgery and at Vange, Basildon, with two surgeries.

No. 1 mobile clinic was used by a dental auxiliary throughout the year in West Essex, mainly at Loughton Hall but also visiting a rural primary school.

No. 2 mobile clinic started the year at Hullbridge but was used in Mid-Essex to visit two schools during the summer term before returning to South-East Essex for use by an additional dental auxiliary at Thundersley.

There are now some 28 surgeries in the County with electrically operated high volume aspirators to ensure adequate suction when general anaesthetics are administered, and, as financial opportunity allowed, new items were provided to keep surgery equipment up-to-date.

Monitoring of all staff concerned with x-rays was repeated during the year and one part-time dental officer was shown to have received an above average dose of radiation. Subsequent investigation proved this to originate from an x-ray apparatus used during employment other than with the County Council and repeat monitoring thereafter showed no undue radiation dosage. This episode underlines the importance of regular annual monitoring to detect any radiation hazard as soon as possible.

Interruptions to the electrical supply due to industrial action together with the postal strike inevitably led to some dislocation of work but considerable ingenuity was shown in minimising the effects.

Dental Health Education

The importance of dental health education in preventing dental disease has been stressed in previous annual reports and every effort to expand this aspect of prevention continued during the year as is shown by the increase in the number of dental health education sessions from 28 in 1970 to 53 in 1971. As referred to previously, dental auxiliaries are encouraged to spend some of their time talking to mothers about dental health at clinics. Additionally, the full-time dental health assistant, the greater part of whose duties is spent with school children, also spent some time at child health clinics. Various members of the staff have accepted invitations to speak on dental matters at meetings of mothers and young wives clubs and it is felt that this sort of activity is well worthwhile. Thanks are again due to the County Health Education Officer and his staff who have given generously of their time and efforts supporting the dental staff in their efforts to promote dental health.

In the context of prevention, the following extract from the introductory chapter to the Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year 1970, "On the State of the Public Health" is of interest:-

"The most efficient and safest method of reducing dental caries is, of course, by fluoridation of the public water supply, and it is lamentable that this is still obstructed by prejudice unsupported by credible scientific evidence of any kind. In New Zealand 75% of the population on a piped water supply has fluoridated water; in Britain less than 5% have the benefit of the amount of fluoride they need in their drinking water and so their children are condemned to double the amount of dental decay they need suffer".

JOHN TIMMIS

TABLE I — POPULATION, BIRTHS, DEATHS AND ANNUAL RATES, 1971

Health Area and County District	Population 1971 Census (Preliminary)	Estimated mid-1971 population	Live Births		Deaths		Infant Deaths		Stillbirths	Deaths under 1 week	Perinatal Mortality Rate+
			No.	Rate*	No.	Rate*	No.	Rate†			
Harwich B.	14,892	14,830	250	16.9	201	13.6	4	16	3	1	16
Brightlingssea U.	6,515	6,470	108	16.7	96	14.8	2	19	2	2	36
Clacton U.	37,942	37,880	396	10.5	730	19.3	4	10	3	3	15
Frinton and Walton U.	12,431	12,360	85	6.9	291	23.5	—	—	1	—	12
Halstead U.	7,621	7,710	110	14.3	102	13.2	1	9	1	1	18
West Mersea U.	4,131	4,140	65	15.7	76	18.4	—	—	1	—	15
Wivenhoe U.	5,310	5,270	75	14.2	32	6.1	1	13	1	1	26
Halstead R.	19,464	19,430	316	16.3	240	12.4	11	35	3	11	44
Lexden and Winstree R.	32,097	32,270	591	18.3	338	10.5	4	7	4	4	13
Tendring R.	30,336	30,220	456	15.1	403	13.3	7	15	4	6	22
NORTH-EAST ESSEX	170,739	170,580	2,452	14.4	2,509	14.7	34	14	23	29	21
Chelmsford B.	58,125	58,050	1,077	18.6	532	9.2	21	19	11	16	25
Maldon B.	13,840	13,850	252	18.2	204	14.7	5	20	5	3	31
Braintree and Bocking U.	24,839	24,480	473	19.3	305	12.5	4	8	5	2	15
Brentwood U.	57,976	58,060	832	14.3	664	11.4	12	14	7	9	19
Burnham-on-Crouch U.	4,546	4,630	68	14.7	68	14.7	1	15	2	1	43
Witham U.	17,306	17,390	470	27.0	144	8.3	8	17	4	3	15
Braintree R.	23,973	23,760	423	17.8	252	10.6	6	14	5	2	16
Chelmsford R.	70,704	71,980	1,236	17.2	672	9.3	14	11	14	9	18
Maldon R.	21,898	22,080	401	18.2	235	10.6	3	7	4	3	17
MID-ESSEX	293,207	294,280	5,232	17.8	3,076	10.5	74	14	57	48	20
Benfleet U.	47,924	48,140	850	17.7	462	9.6	10	12	7	9	19
Canvey Island U.	26,462	26,920	631	23.4	253	9.4	6	10	5	3	13
Rayleigh U.	26,265	26,390	369	14.0	230	8.7	8	22	6	6	32
Rochford U.	42,002	41,450	833	20.1	484	11.7	6	7	10	6	19
SOUTH-EAST ESSEX	142,653	142,900	2,683	18.8	1,429	10.0	30	11	28	24	19
Saffron Walden B.	9,945	10,190	131	12.9	138	13.5	—	—	3	—	22
Chigwell U.	53,620	54,620	711	13.0	469	8.6	16	23	6	10	22
Epping U.	11,681	11,720	182	15.5	108	9.2	2	11	1	—	5
Waltham Holy Cross U.	14,585	14,470	283	19.6	107	7.4	6	21	2	5	25
Dunmow R.	23,600	24,060	424	17.6	230	9.6	5	12	1	5	14
Epping and Ongar R.	42,854	43,340	649	15.0	370	8.5	4	6	11	3	21
Saffron Walden R.	20,788	21,120	350	16.6	186	8.8	2	6	4	1	14
WEST ESSEX	177,073	179,520	2,730	15.2	1,608	9.0	35	13	28	24	19
HARLOW U.	77,666	77,920	1,386	17.8	363	4.7	28	20	13	18	22
THURROCK U.	124,682	125,030	2,392	19.1	1,080	8.6	29	12	28	15	18
BASILDON U.	129,073	129,900	2,362	18.2	868	6.7	34	14	25	18	18
COLCHESTER B.	76,145	76,710	1,501	19.6	801	10.4	22	15	16	12	18
ADMINISTRATIVE COUNTY	1,191,238	1,196,840	20,738	17.3	11,734	9.8	286	13.8	218	188	19.4
Administrative County, 1970	—	1,178,730	19,731	16.7	11,666	9.9	297	15.1	211	173	19.3

*per 1,000 estimated population

†per 1,000 live births

+per 1,000 total births

TABLE II - CAUSES OF DEATH BY AGE, 1971

B. List Number	Cause of Death	Males									Females								
		0-	15-	25-	35-	45-	55-	65-	75-	Total	0-	15-	25-	35-	45-	55-	65-	75-	Total
5, 6	Tuberculosis	—	—	—	—	—	6	2	5	13	—	—	—	—	—	2	3	1	6
1-4, 7-18	Other infective and parasitic diseases	8	1	—	2	2	3	—	1	17	5	—	—	1	1	—	1	3	11
19(1)	Malignant neoplasm, buccal cavity and pharynx	—	—	—	—	2	3	5	6	16	—	—	—	—	1	3	5	2	11
19(2)	Malignant neoplasm, oesophagus	—	—	—	2	4	12	13	16	47	—	—	1	1	1	4	13	22	42
19(3)	Malignant neoplasm, stomach	—	—	1	3	10	40	57	51	162	—	—	1	1	6	17	28	52	105
19(4)	Malignant neoplasm, intestine	—	—	1	5	9	26	64	62	167	—	—	3	—	25	31	61	82	202
19(5)	Malignant neoplasm, larynx	—	—	—	1	1	3	8	7	20	—	—	—	—	—	1	—	1	2
19(6)	Malignant neoplasm, lung and bronchus	—	—	1	14	45	146	226	112	544	—	—	1	2	11	44	47	23	128
19(7)	Malignant neoplasm, breast	—	—	—	—	—	—	1	—	1	—	—	4	12	56	72	67	60	271
19(8)	Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	1	1	19	20	13	17	71
19(9)	Malignant neoplasm, prostate	—	—	—	—	3	10	21	55	89	—	—	—	—	—	—	—	—	—
19(10)	Leukaemia	6	—	3	3	4	8	9	6	39	5	1	—	2	3	5	10	8	34
19(11)	Other malignant (incl. lymphatic etc.) neoplasms	7	4	10	15	40	73	91	58	298	2	3	4	17	41	61	74	123	325
20	Benign neoplasms and neoplasms of unspecified nature	1	1	—	—	2	4	4	3	15	—	1	—	—	1	2	1	6	11
21	Diabetes mellitus	1	1	1	2	6	2	12	19	44	—	—	1	2	2	5	28	39	77
22,46(1)	Other endocrine, nutritional and metabolic diseases	1	2	—	—	1	4	1	4	13	2	—	1	—	1	2	4	17	27
23,46(2)	Diseases of blood and blood forming organs	—	1	—	—	—	2	1	5	9	1	—	—	—	—	2	1	13	17
46(3)	Mental Disorders	—	2	—	—	—	2	2	6	12	—	1	—	—	—	2	6	10	19
24,46(4)	Diseases of the nervous system and sense organs	5	7	1	5	8	7	18	24	75	2	1	2	2	9	12	18	31	77
46(5)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26	Chronic rheumatic heart disease	—	1	2	2	6	16	17	13	57	—	—	—	3	4	10	21	25	63
27	Hypertensive disease	—	—	—	1	8	19	28	30	86	—	1	—	—	2	2	22	51	78
28	Ischaemic heart disease	1	1	6	35	161	391	602	524	1,721	—	1	2	4	28	92	306	731	1,164
29	Other forms of heart disease	1	—	2	—	4	18	62	117	204	—	1	—	1	3	15	38	271	329
30	Cerebrovascular disease	1	3	2	9	17	70	198	373	673	—	1	1	8	20	59	216	720	1,025
25,46(6)	Other diseases of the circulatory system	1	—	—	—	13	37	73	134	258	—	—	—	2	6	14	41	197	260
31	Influenza	—	1	1	—	1	1	1	3	8	—	1	—	—	—	1	1	3	6
32	Pneumonia	16	2	—	2	7	22	85	235	369	10	1	1	1	9	17	63	326	428
33(1)	Bronchitis, emphysema	1	—	1	2	12	52	117	163	348	—	—	—	1	5	14	37	61	118
33(2)	Asthma	1	2	—	—	1	6	4	3	17	—	2	2	—	5	1	4	1	15
46(7)	Other diseases of the respiratory system	18	2	2	—	3	7	13	19	64	9	1	2	2	5	—	7	31	57
34	Peptic ulcer	—	—	—	1	1	7	23	20	52	—	—	—	1	1	2	3	21	28
36	Intestinal obstruction and hernia	5	1	1	1	2	3	10	17	40	3	—	—	1	1	—	5	26	36
35,37,46(8)	Other diseases of the digestive system	2	—	2	5	5	11	24	31	80	—	3	2	3	5	15	23	36	87
38	Nephritis and nephrosis	—	1	2	—	7	7	4	6	27	1	—	—	—	1	2	3	15	22
39	Hyperplasia of prostate	—	—	—	—	—	—	5	20	25	—	—	—	—	—	—	—	—	—
46(9)	Other diseases of the genito-urinary system	—	—	1	—	2	5	14	19	41	—	—	2	1	5	8	14	29	59
40,41	Complications of pregnancy, childbirth and puerperium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
46(10)	Diseases of the skin and subcutaneous tissue	—	—	—	—	1	1	1	1	4	—	—	—	—	—	—	—	6	6
46(11)	Diseases of the musculo-skeletal system	—	—	—	1	1	—	6	13	21	—	—	1	1	1	2	10	24	39
42	Congenital anomalies	48	2	—	—	1	—	2	—	53	54	3	—	—	2	—	3	—	62
43,44	Certain causes of perinatal mortality	93	—	—	—	—	—	—	—	93	42	—	—	—	—	—	—	—	42
45	Symptoms and ill defined conditions	2	—	—	—	—	—	3	31	36	—	—	—	—	—	—	1	51	52
47	Motor vehicle accidents	13	39	11	9	12	11	6	7	108	3	8	2	4	7	4	4	10	42
48	All other accidents	12	15	11	7	5	7	17	19	93	10	3	2	5	7	9	13	59	108
49	Suicide and self-inflicted injuries	—	4	7	9	12	13	6	1	52	—	2	3	8	2	8	8	10	41
50	All other external causes	1	—	—	3	—	5	1	—	10	1	1	2	2	—	1	1	2	10
ALL CAUSES		245	93	69	139	419	1,060	1,857	2,239	6,121	150	36	41	89	296	561	1,224	3,216	5,613

DEATHS FROM B LIST CAUSES NOT SHOWN SEPARATELY ABOVE

B 1	Cholera	0	B 9	Whooping cough	1	B 22	Avitaminosis and other nutritional deficiency	9
B 2	Typhoid fever	0	B 10	Streptococcal sore throat and scarlet fever	0	B 23	Anaemias	22
B 3	Bacillary dysentery and amoebiasis	0	B 11	Meningococcal infection	1	B 24	Meningitis	3
B 4	Enteritis and other diarrhoeal diseases	9	B 12	Acute poliomyelitis	0	B 25	Active rheumatic fever	0
B 5	Tuberculosis of respiratory system	10	B 13	Smallpox	0	B 35	Appendicitis	7
B 6(1)	Late effects of respiratory tuberculosis	5	B 14	Measles	1	B 37	Cirrhosis of liver	27
B 6(2)	Other tuberculosis	4	B 15	Typhus and other rickettsiosis	0	B 40	Abortion	0
B 7	Plague	0	B 16	Malaria	0	B 43	Birth injury, difficult labour and other anoxic and hypoxic conditions	73
B 8	Diphtheria	0	B 17	Syphilis and its sequelae	2			

TABLE III — PRINCIPAL CAUSES OF DEATH IN HEALTH AREAS AND COUNTY DISTRICTS, 1971

Health Area and County District	Tuberculosis	Malignant neoplasm, stomach	Malignant neoplasm, intestine	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Malignant neoplasm, prostate	Leukaemia	Other malignant (incl. lymphatic etc) neoplasms	Diabetes mellitus	Chronic rheumatic heart disease	Hypertensive disease	Ischaemic heart disease	Other forms of heart disease	Cerebro-vascular disease	Other diseases of circulatory system	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Nephritis and nephrosis	Hyperplasia of prostate	Congenital anomalies	Birth injury, difficult labour etc.	Motor vehicle accidents	All other accidents	Suicide and self inflicted injury	All other causes	All causes	
Harwich B.	—	3	11	12	3	1	1	—	14	3	2	—	55	9	24	5	—	15	17	—	—	2	1	1	1	3	—	5	—	1	12	201	
Brightlingsea U.	—	2	—	6	1	—	2	1	7	1	1	1	28	3	20	4	—	5	4	—	—	—	—	—	1	1	—	—	—	—	5	96	
Clacton U.	1	14	17	44	12	3	4	3	41	3	6	5	209	51	144	36	—	30	25	1	10	3	5	1	1	3	1	2	15	2	38	730	
Frinton and Walton U.	—	4	9	18	6	1	4	1	18	5	3	3	84	17	51	6	—	14	15	1	5	—	2	2	—	—	—	1	6	2	13	291	
Halstead U.	—	3	5	6	1	—	—	1	5	1	—	4	24	11	14	8	—	6	1	—	2	—	—	—	—	2	—	1	—	1	5	102	
West Mersea U.	—	1	2	4	—	—	1	—	4	1	1	—	26	3	11	6	—	2	3	—	1	—	—	—	—	—	—	—	1	—	9	76	
Wivenhoe U.	—	—	2	2	3	—	1	—	1	—	—	1	9	—	4	2	—	1	—	—	—	—	—	—	—	1	1	1	2	1	—	32	
Halstead R.	1	5	5	9	5	1	1	2	12	3	3	3	42	13	45	11	—	18	11	—	2	1	—	1	—	3	4	3	7	1	28	240	
Lexden and Winstree R.	—	4	6	21	6	3	2	4	23	2	—	3	97	22	38	19	—	26	5	1	1	2	2	2	1	—	3	6	4	3	32	338	
Tendring R.	1	11	18	17	7	1	3	2	28	3	3	6	111	17	73	22	—	18	12	2	1	3	1	2	1	1	1	2	7	2	27	403	
NORTH-EAST ESSEX	3	47	75	139	44	11	19	14	153	22	19	26	685	146	424	119	—	135	93	5	22	11	12	9	5	14	11	21	43	13	169	2,509	
Chelmsford B.	2	18	20	26	14	3	9	4	38	7	2	4	132	16	64	28	2	33	17	1	4	2	6	1	—	6	7	12	8	9	37	532	
Maldon B.	1	5	12	12	5	—	2	1	6	1	1	3	44	6	37	13	—	13	5	—	3	1	2	1	1	2	—	1	4	—	22	204	
Braintree and Bocking U.	—	8	8	12	7	1	1	2	13	2	—	4	53	8	54	18	—	49	10	1	3	6	—	1	1	3	—	5	6	1	28	305	
Brentwood U.	5	13	19	31	15	4	3	3	43	3	4	6	151	29	86	40	—	74	37	—	7	2	7	2	1	3	6	4	11	7	48	664	
Burnham-on-Crouch U.	—	1	3	4	3	2	—	—	8	1	2	1	19	1	10	1	1	3	3	—	—	1	1	—	—	—	—	—	—	—	—	3	68
Witham U.	1	3	5	6	5	1	—	1	9	2	—	1	35	4	21	5	—	17	3	1	—	2	3	1	—	3	—	1	4	1	9	144	
Braintree R.	1	5	8	12	4	1	6	1	13	4	1	6	56	14	27	12	1	18	9	—	4	4	1	2	1	3	2	5	4	3	24	252	
Chelmsford R.	1	8	16	33	17	1	4	4	43	11	12	12	162	28	90	35	1	51	22	3	8	9	6	1	1	6	1	9	14	6	57	672	
Maldon R.	—	6	8	14	4	1	1	1	16	3	2	6	61	7	33	8	—	20	8	—	2	3	—	—	1	3	2	2	4	2	17	235	
MID-ESSEX	11	67	99	150	74	14	26	17	187	34	24	43	713	113	422	160	5	278	114	6	31	30	26	9	6	29	18	39	55	29	245	3,076	
Benfleet U.	1	11	22	28	8	3	3	—	42	3	1	2	111	26	82	18	1	22	14	2	2	8	1	2	1	3	5	10	8	2	20	462	
Canvey Island U.	—	5	9	20	3	1	1	3	21	4	5	4	53	13	45	4	1	10	16	—	3	2	2	—	—	1	1	3	4	1	18	253	
Rayleigh U.	—	2	7	11	6	1	1	1	9	3	2	4	52	10	54	9	1	14	5	2	5	1	2	2	—	2	4	2	4	4	10	230	
Rochford R.	—	13	17	25	7	4	3	1	27	3	6	10	106	8	149	12	—	24	18	1	3	—	3	—	2	6	—	4	9	4	19	484	
SOUTH-EAST ESSEX	1	31	55	84	24	9	8	5	99	13	14	20	322	57	330	43	3	70	53	5	13	11	8	4	3	12	10	19	25	11	67	1,429	
Saffron Walden B.	—	3	4	6	7	1	—	1	8	1	4	3	34	4	10	5	—	29	2	1	2	—	1	—	—	—	—	2	2	1	7	138	
Chigwell U.	—	14	15	31	7	2	2	8	40	3	9	9	105	23	44	21	—	39	29	4	3	1	10	5	1	7	6	3	5	3	20	469	
Epping U.	—	—	6	4	2	—	1	—	12	1	3	—	27	—	16	6	1	7	4	3	2	1	—	—	—	—	—	1	3	—	8	108	
Waltham Holy Cross U.	—	1	—	10	1	2	—	3	8	1	1	4	28	6	11	5	—	7	3	—	—	—	—	—	—	2	2	1	1	—	10	107	
Dunmow R.	—	5	8	13	7	1	1	1	14	—	2	5	60	14	28	10	—	18	6	1	1	3	2	—	—	2	2	5	4	1	16	230	
Epping and Ongar R.	2	10	10	19	8	2	8	4	26	2	2	3	93	30	38	21	1	25	10	—	4	2	2	2	1	3	1	7	7	7	20	370	
Saffron Walden R.	—	4	9	15	7	3	2	3	17	1	2	—	47	5	16	5	—	14	7	1	5	2	—	1	—	1	—	—	4	2	13	186	
WEST ESSEX	2	37	52	98	39	11	14	20	125	9	23	24	394	82	163	73	2	139	61	10	17	9	15	8	2	15	11	19	26	14	94	1,608	
HARLOW U.	1	7	10	31	12	2	3	4	24	2	9	4	75	15	29	12	2	25	13	—	2	1	1	2	1	10	4	11	8	4	39	363	
THURROCK U.	1	38	30	80	28	7	6	4	75	20	10	18	292	42	112	43	—	45	64	4	15	8	3	7	1	17	6	18	18	4	64	1,080	
BASILDON U.	—	29	29	50	24	8	7	4	55	9	16	12	215	36	104	33	2	36	46	2	13	5	6	5	4	10	7	14	6	13	68	868	
COLCHESTER U.	—	11	19	40	27	9	6	5	41	12	5	17	189	42	114	35	—	69	22	—	8	5	5	5	3	8	6	9	20	5	64	801	
ADMINISTRATIVE COUNTY	19	267	369	672	272	71	89	73	761	121	120	164	2,885	533	1,698	518	14	797	466	32	121	80	76	49	25	115	73	150	201	93	810	11,734	
Administrative County	1970	18	230	324	659	233	66	81	812	104	131	180	2,677	511	1,678	500	153	956	466	34	129	64	49	48	43	104	55	167	251	84	794	11,666	
1969	25	269	333	619	245	72	99	83	723	121	146	190	2,801	503	1,744	494	125	906	540	31	112	93	52	49	36	96	55	145	215	70	812	11,804	
1968	26	247	340	579	235	75	99	64	681	97	120	179	2,780	602	1,634	419	199	919	505	30	141	96	61	40	48	104	63	136	183	91	757	11,550	

TABLE IV — DEATHS BY AGE IN HEALTH AREAS AND COUNTY DISTRICTS, 1971

Health Area and County District	MALES												FEMALES												GRAND TOTAL
	Under 4 wks	4 wks - 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	Under 4 wks	4 wks - 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	
Harwich B.	1	1	—	1	2	1	2	8	14	42	42	114	1	1	—	—	1	—	2	2	12	25	43	87	201
Brightlingsea U.	2	—	1	—	1	—	—	3	5	24	22	58	—	—	—	—	—	1	1	2	11	23	38	96	
Clacton U.	3	—	1	—	1	4	4	14	44	134	167	372	1	—	1	1	1	2	1	11	24	98	218	358	730
Frinton and Walton U.	—	—	—	—	—	—	1	3	23	60	59	146	—	—	—	—	—	—	1	1	13	41	89	145	291
Halstead U.	—	—	1	1	—	—	2	2	6	17	16	45	1	—	—	—	1	—	1	—	6	13	35	57	102
West Mersea U.	—	—	—	—	—	—	—	2	6	19	19	46	—	—	—	—	—	—	1	1	1	8	19	30	76
Wivenhoe U.	1	—	—	—	1	—	—	1	3	6	5	17	—	—	1	—	—	—	—	1	1	3	9	15	32
Halstead R.	6	—	—	1	—	3	2	7	20	34	42	115	5	—	—	—	—	—	—	4	9	23	84	125	240
Lexden and Winstree R.	4	—	1	1	2	2	3	8	23	67	68	179	—	—	—	1	—	1	6	7	12	39	93	159	338
Tendring R.	4	—	1	1	1	1	4	5	35	71	84	207	2	1	1	—	—	1	3	14	12	46	116	196	403
NORTH-EAST ESSEX	21	1	5	5	8	11	18	53	179	474	524	1,299	10	2	3	2	3	4	16	42	92	307	729	1,210	2,509
Chelmsford B.	12	1	1	—	4	1	10	17	49	78	110	283	7	1	—	3	5	3	7	19	29	46	129	249	532
Maldon B.	—	1	—	—	2	—	—	7	14	28	45	97	3	1	1	—	1	—	—	4	6	19	72	107	204
Braintree and Bocking U.	2	1	2	3	2	—	2	5	34	37	58	146	—	1	2	1	—	2	3	4	16	32	98	159	305
Brentwood U.	9	—	1	—	3	2	12	25	73	87	114	326	1	2	1	—	1	3	2	18	38	63	209	338	664
Burnham-on-Crouch U.	—	—	—	—	—	—	—	3	4	7	18	32	1	—	—	—	—	1	—	4	4	10	16	36	68
Witham U.	3	2	—	—	2	2	8	5	7	33	27	89	1	2	—	—	—	1	—	2	4	15	30	55	144
Braintree R.	2	2	2	—	3	1	2	6	15	42	53	128	1	1	1	2	1	1	—	8	14	29	66	124	252
Chelmsford R.	8	1	—	1	6	6	9	19	49	99	133	331	4	1	2	—	2	1	9	13	33	72	204	341	672
Maldon R.	2	—	—	—	2	2	5	6	23	44	41	125	1	—	—	—	—	1	2	2	7	28	69	110	235
MID-ESSEX	38	8	6	4	24	14	48	93	268	455	599	1,557	19	9	7	6	10	13	23	74	151	314	893	1,519	3,076
Benfleet U.	6	1	—	1	5	3	3	11	32	71	96	229	3	—	—	1	3	2	2	10	17	43	152	233	462
Canvey Island U.	3	1	1	1	5	1	—	8	23	41	51	135	1	1	—	1	1	—	2	4	15	29	64	118	253
Rayleigh U.	3	—	2	2	—	2	—	11	16	38	49	123	4	1	—	—	—	2	2	4	10	21	63	107	230
Rochford R.	4	—	—	2	2	2	4	9	47	60	102	232	2	—	1	—	—	—	4	13	23	39	170	252	484
SOUTH-EAST ESSEX	16	2	3	6	12	8	7	39	118	210	298	719	10	2	1	2	4	4	10	31	65	132	449	710	1,429
Saffron Walden B.	—	—	1	1	1	—	—	4	14	12	37	70	—	—	—	—	—	—	1	5	6	9	47	68	138
Chigwell U.	5	3	1	—	4	1	7	24	62	78	84	269	8	—	—	2	2	2	3	16	27	43	97	200	469
Epping U.	1	—	1	—	—	1	2	6	11	12	20	54	—	1	—	—	2	—	3	7	7	6	28	54	108
Waltham Holy Cross U.	5	—	1	1	2	1	3	4	10	18	16	61	1	—	—	—	—	1	1	2	3	9	29	46	107
Dunmow R.	3	—	—	2	3	—	4	9	17	30	50	118	2	—	—	—	1	1	—	6	14	28	60	112	230
Epping and Ongar R.	3	1	3	2	6	2	3	15	34	58	84	211	—	—	1	—	1	1	2	14	19	37	84	159	370
Saffron Walden R.	1	1	—	—	1	2	2	8	15	37	36	103	—	—	—	1	—	—	—	6	8	14	54	83	186
WEST ESSEX	18	5	7	6	17	7	21	70	163	245	327	886	11	1	1	3	6	5	10	56	84	146	399	722	1,608
HARLOW U.	11	3	1	4	7	1	7	32	36	52	43	197	10	4	2	3	2	3	4	14	22	41	61	166	363
THURROCK U.	12	4	—	7	13	14	14	57	141	174	188	624	7	6	1	2	3	3	7	36	60	114	217	456	1,080
BASILDON U.	10	8	6	4	6	8	13	42	96	117	131	441	12	4	1	—	4	6	12	28	44	92	224	427	868
COLCHESTER B.	11	5	7	1	6	6	11	33	59	130	129	398	3	3	2	1	4	3	7	15	43	78	244	403	801
ADMINISTRATIVE COUNTY	137	36	35	37	93	69	139	419	1,060	1,857	2,239	6,121	82	31	18	19	36	41	89	296	561	1,224	3,216	5,613	11,734
Administrative County	1970	113	57	42	43	63	68	132	411	1,056	1,793	2,268	86	41	25	32	38	45	98	277	553	1,262	3,163	5,620	11,666
	1969	114	43	39	41	68	68	133	399	1,117	1,810	2,277	79	35	25	16	35	33	116	251	637	1,245	3,223	5,695	11,804
	1968	119	52	35	35	75	64	131	376	980	1,735	2,251	81	43	19	24	22	32	95	244	559	1,278	3,300	5,697	11,550
	1967	144	60	27	37	80	51	142	403	929	1,574	2,022	92	41	25	19	36	28	113	277	550	1,204	2,868	5,253	10,722
	1966	123	52	32	31	90	59	149	381	994	1,597	2,007	93	35	23	26	22	41	94	236	503	1,163	2,871	5,107	10,622

TABLE V – INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1971

Health Area and County District	Scarlet Fever	Whooping Cough	Measles	Tuberculosis, respiratory	Tuberculosis, meninges and C.N.S.	Tuberculosis, other	Acute meningitis	Dysentery	Food Poisoning	Infective jaundice	Other†	Total
Harwich B.	—	—	2	2	—	—	—	—	—	1	—	5
Brightlingsea U.	—	—	15	1	—	—	—	—	—	—	—	16
Clacton U.	4	3	46	4	—	1	—	—	—	2	—	60
Frinton and Walton U.	—	2	79	2	—	1	—	—	—	1	—	85
Halstead U.	—	—	7	—	—	—	—	—	—	—	—	7
West Mersea U.	—	—	—	—	—	—	—	—	—	—	—	—
Wivenhoe U.	—	—	—	—	—	—	—	—	—	—	—	—
Halstead R.	7	3	106	2	—	—	—	—	—	1	—	119
Lexden and Winstree R.	5	9	17	7	—	2	—	1	—	3	—	44
Tendring R.	10	13	53	1	—	—	—	2	—	—	—	79
NORTH-EAST ESSEX	26	30	325	19	—	4	—	3	—	8	—	415
Chelmsford B.	30	10	207	5	—	2	2	1	—	2	—	259
Maldon B.	2	—	115	1	—	—	—	—	1	—	—	119
Braintree and Bocking U.	5	18	17	3	—	2	—	—	2	2	—	49
Brentwood U.	33	54	53	3	—	—	2	—	2	5	1	153
Burnham-on-Crouch U.	—	3	29	—	—	—	—	—	—	—	1	33
Witham U.	3	6	99	2	—	1	—	—	—	7	—	118
Braintree R.	—	2	79	—	—	1	—	2	—	1	1	86
Chelmsford R.	18	15	256	9	—	—	2	—	1	19	—	320
Maldon R.	4	34	139	2	—	—	—	—	2	7	—	188
MID-ESSEX	95	142	994	25	—	6	6	3	8	43	3	1,325
Benfleet U.	18	26	76	3	—	—	—	—	13	13	1	150
Canvey Island U.	13	31	24	1	—	—	1	1	7	5	—	83
Rayleigh U.	16	—	94	3	—	1	1	13	12	2	—	142
Rochford R.	18	5	57	2	—	3	3	1	32	6	1	128
SOUTH-EAST ESSEX	65	62	251	9	—	4	5	15	64	26	2	503
Saffron Walden B.	—	—	12	1	—	—	—	—	1	—	1	15
Chigwell U.	4	13	106	12	—	2	1	4	7	21	1	171
Epping U.	—	2	90	2	—	—	—	—	1	—	—	95
Waltham Holy Cross U.	2	—	23	—	—	3	1	1	—	5	—	35
Dunmow R.	2	5	56	3	—	—	—	—	9	6	—	81
Epping and Ongar R.	9	6	64	4	—	1	—	2	3	3	—	92
Saffron Walden R.	10	16	39	3	—	—	—	12	1	10	—	91
WEST ESSEX	27	42	390	25	—	6	2	19	22	45	2	580
HARLOW U.	44	86	920	11	—	4	2	—	16	15	1	1,099
THURROCK U.	36	70	151	15	—	3	4	9	113	24	—	425
BASILDON U.	72	49	473	8	—	4	6	7	4	8	1	632
COLCHESTER B.	14	60	58	13	—	3	2	16	2	11	4	183
ADMINISTRATIVE COUNTY	379	541	3,562	125	—	34	27	72	229	180	13	5,162

†Malaria 4, Acute encephalitis (infective) 2, Acute encephalitis (post-infectious) 3, typhoid fever 1, paratyphoid fever 2, diphtheria 1.

COUNTY COUNCIL OF ESSEX : HEALTH DEPARTMENT

TABLE VI

Refresher and Other Courses Attended by Members of the Staff

Course	Organising Body	Staff Attending
Postgraduate Course in Mental Deficiency	Leavesden Group Hospital Management Committee	1 Medical Officer
Course of "Organisation and Management"	School of Social Sciences, Brunel University, Uxbridge	County Psychiatric Social Worker County Home Help Organiser
Course on "Integrated Care of the Psychiatric Patient"	King Edward's Hospital Fund for London	1 Superintendent Health Visitor
Refresher Course for Supervisors of Midwives	Association of Supervisors of Midwives	1 Non-medical Supervisor of Midwives
Seminar for Health Education Officers	The Health Education Council Ltd.	County Health Education Officer
Course on "Advances in Epidemiology"	The Society of Medical Officers of Health	Deputy County Medical Officer of Health 1 Area Medical Officer
Middle Management Course for Local Government Staff	Ipswich Civic College	1 Superintendent Health Visitor
Two day Study Course for Staff of Junior and Adult Training Centres and Schools for the Educationally Subnormal	Bedford County Council	County Organiser of Training Centres
Fieldwork Instructors Course	Sheffield Polytechnic	1 Health Visitor
Health Congress	The Royal Society of Health	County Medical Officer of Health
"The Use of Research in Top Management" Course	Queen's Institute of District Nursing	Director of Nursing Services
Course on "Chiropodial Management of the Geriatric Patient"	Health Service Chiropodist Association	County Chiropodist 6 Chiropodists
Seminar on District Nurse Training	Department of Health and Social Security	District Nurse Tutor
Course on "Recent Advances in Occupational Medicine"	London School of Hygiene and Tropical Medicine	Deputy County Medical Officer of Health
Course on "The Rehabilitation of the Cancer Disabled"	Marie Curie Memorial Foundation	1 District Nurse

Course	Organising Body	Staff Attending
Computer Appreciation Course on Health Applications	Local Authorities Management Services and Computer Committee	Statistician
Course on "Skills in Interviewing"	Queen's Institute of District Nursing	2 Non-Medical Supervisors of Midwives
Course on Family Planning	Family Planning Association	1 Medical Officer
Course on "The Law, the Police and the Drugtaker"	Essex County Hospital	Principal Medical Officer
"Preparation of Aids for Teaching" – Course	Guildford Medical Centre and the University of Surrey	1 Health Visitor
Course for Assessors of Supervised Practice in Health Visiting	North East London Polytechnic	2 Assistant Superintendent Health Visitors 3 Group Advisors
Course on "Authority and Organisation"	Grubb Institute of Behavioural Studies	District Nurse Tutor
Course on Modern Methods in Health Education	Health Visitors' Association	6 Health Visitors
Summer School on Alcoholism	Camberwell Council on Alcoholism	Assistant County Health Education Officer
Autumn Meeting of the British Diabetic Association	British Diabetic Association	7 Health Visitors 7 District Nurses
Summer School on Public Health Administration	The Association of Health Administrative Officer	Chief Administrative Officers Senior Administrative Officer
Middle Management Course	Mid-Essex Technical College	1 Area Superintendent
Course on "Pollution from Combustion Processes"	University of Leeds	County Health Inspector
Course on "The Adolescent"	Society of Medical Officers of Health	3 Medical Officers
Course on "The Handicapped Child in the Diagnostic Unit"	The Spastics Society	2 Medical Officers
Management Course for Senior Nursing Staff	National Nursing Staff Committee	Director of Nursing Services
Three Week Management Course for Senior Officers	Local Government Training Board	1 Area Medical Officer
Course on "Multiply-Handicapped Children in Diagnostic Units"	The Spastics Society	4 Nursery Nurses
Film Day	Mental Health Film Council	Assistant Health Education Officer

Course	Organising Body	Staff Attending
Generic Course in Family Psychiatry	East Anglian Regional Hospital Board	2 Health Visitors 2 District Nurses
Study Day	Royal College of Midwives	12 Midwives
"The Diagnosis and Treatment of the Deaf Child" – Course	Institute of Laryngology and Otology	6 Medical Officers
Practical Work Instructors Course	Queen's Institute of District Nursing	3 District Nurses
Refresher Course on Children's Dentistry	University of Southampton	1 Dental Officer
Civil Defence Course for Medical Officers of Health	Ministry of Health and Social Security	1 Area Medical Officer
Two day course in Lectures and Demonstrations	The Wolfson Centre and Institute of Child Health	1 Speech Therapist
Ordinary National Certificate in Public Administration	Royal Society of Arts	2 Administrative Assistants 2 Clerical Assistants
"The Chiropodial Environment" Course	Association of Chief Chiropody Officers	County Chiropodist
Dental Health Education in Practice	British Dental Association	1 Dental Surgery Assistant
Course for Health Visitors on "Hearing Testing Techniques"	Institute of Laryngology and Otology	15 Health Visitors
"Social Obstetrics in the 1970's"	Society of Medical Officers of Health	1 Area Medical Officer
"Cerebral Palsy and Mental Retardation" – Course	Centre for Spastic Children	Principal Medical Officer
Course "Discouragement of Cigarette Smoking in the Community"	Health Education Council	County Health Education Officer 2 Area Health Education Officers
First Line Management Course	Queen's Institute of District Nursing	3 Assistant Area Nursing Officers 3 Assistant Superintendent Health Visitors 2 Assistant Non-Medical Supervisors of Midwives
Fieldwork Instructors Course	Stevenage College of Further Education	1 Health Visitor
Domiciliary Family Planning Course	Family Planning Association	1 Medical Officer
Developmental Paediatrics in General Practice and Child Health Services	Royal Society of Health and Institute of Child Health	1 Medical Officer

Course	Organising Body	Staff Attending
Liberal Studies Course	Essex County Council	3 Clerical Assistants
First Line Management Course	Health Visitors' Association	7 Group Advisers
Refresher Courses for Midwives	Royal College of Midwives	32 Midwives
Refresher Courses for District Nurses	Queen's Institute of District Nursing	24 District Nurses
Refresher Courses for Health Visitors	Health Visitors' Association	13 Health Visitors
Refresher Courses for Health Visitors	Royal College of Nursing	3 Health Visitors
Refresher Course for Chiropodists	The London Foot Hospital	7 Chiropodists

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